

Name
in
Full

A. F. Allen.

D.C.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Anacostia</u>		Town <u>D.C.</u>	County _____		MARYLAND	
Date of death <u>1905 Jan</u>	Month <u>Jan</u>	Day <u>17</u>	Age <u>9</u>	Years _____	Months _____	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Anacostia</u>		
Occupation <u>House</u>	Where Residing If not at place of death <u>Anacostia</u>					
Married, Single <u>Single</u>	Name of Wife or Husband _____					
Father's Name <u>Wick, Alfred</u>	Father's Birthplace <u>New</u>					
Mother's Maiden Name <u>Weeks</u>	Mother's Birthplace _____					
Name of person giving information <u>Father W. Allen</u>	How related to deceased					

CAUSES OF DEATH

Primary

Weeks

How long

Immediate

10 days

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

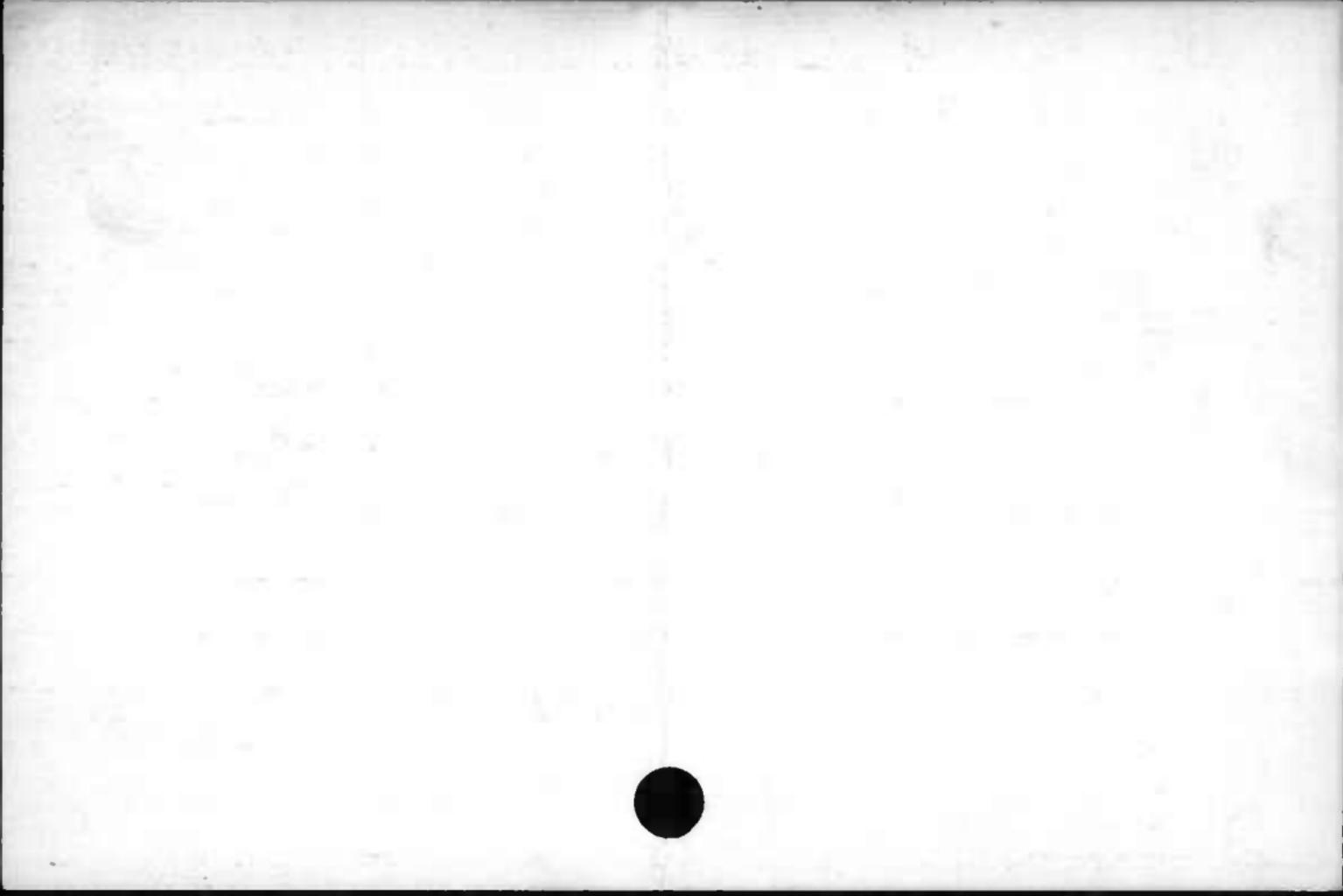
Alfred W. Weeks

Address

Permit issued by

Accident or Suicide?

Bladon Md. Dr J. L. Waring



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Grafton Beall

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Sayre	Princetown				
Date of death	Month	Day	Years	Months	Days
1905	Jan	10	67	7	7
Sex	male	Color or Race	white	Birth-place	Md
Occupation	Laborer				
Married, Single or Widowed	Widower				
Father's Name	Andrew Beal				
Mother's Maiden Name	Mary Redgely				
Name of person giving information	Archibald Beall				

CAUSES OF DEATH

Primary

Hemorrhage from Traumatism

How long

—

Immediate

Asthma

How long

Ten days

Are the name, age, sex, color, date and place correctly given above?

yes

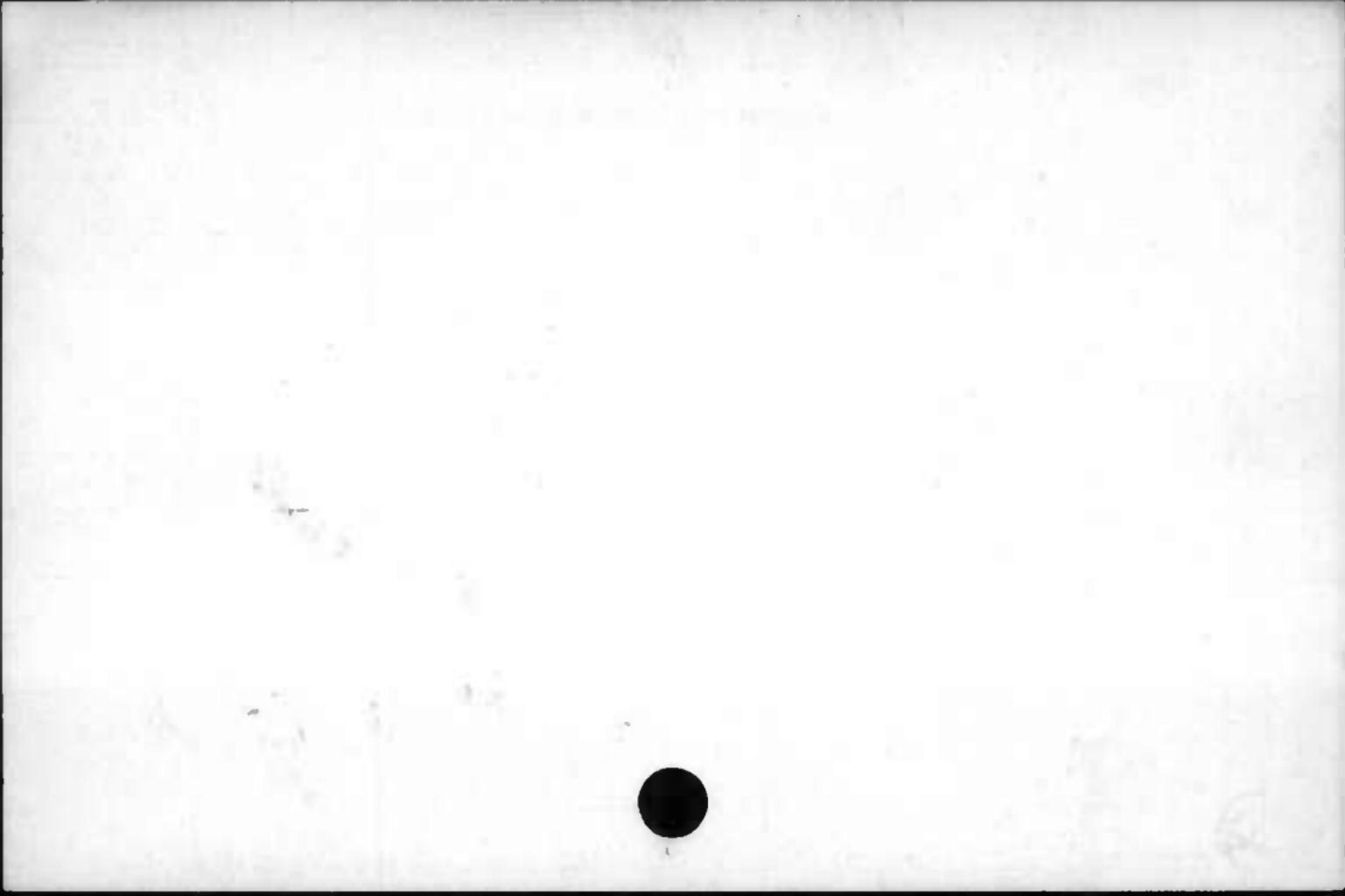
Signature of Physician

J.W. Taylor

Address

Sayre Md

Accident or Suicide?



Name
in
Full

Spring A Beall
Ritchie

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	54	
Occupation	White				
Married, Single or Widower	Married	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	Sarah A Beall				
Mother's Maiden Name	Richard A Beall				
Name of person giving Information	Sarah A Beall				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Natural Causes

How long

Sudden

Immediate

Heart trouble

How long

death

Are the name, age, sex, color, date
and place correctly given above?

yes,

Signature of
Physician

Address

John E. Bausbury
Forestville
Md.

Accident or Suicide?

8



Name
in
Full

Ida Berry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
O R C O R O N E R

Died at Crown		Town P & County		MARYLAND	
Date of death 1905	Month Jan	Day 26	Age 9 Years	Months	Days 9
Sex Female	Color or Race Colored	Occupation		Birth-place Md.	
		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Washington Berry		Father's Birthplace	Aquia co	
Mother's Maiden Name	Rebecca Dumacan		Mother's Birthplace	Aquia co	
Name of person giving information	John Diggs		How related to deceased	Son	

CAUSES OF DEATH

Primary

Unknown

How long

3 days

Immediate

Had no Physician

How long

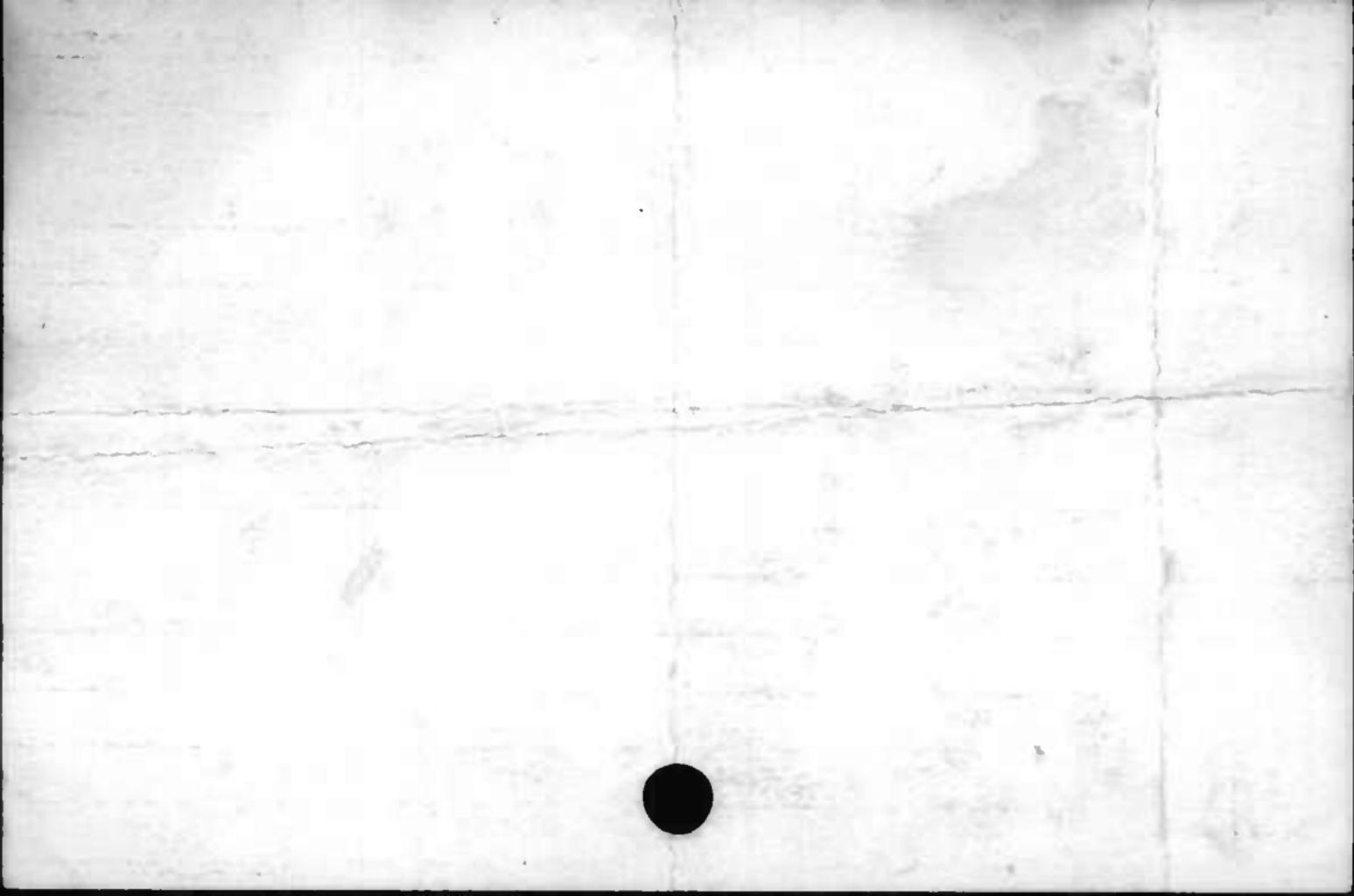
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. H. Gibbons
Crown Md

Accident or Suicide?



Name
in
Full

Charles H Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race			Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Brown			Father's Birthplace	3rd
Mother's Maiden Name	Maggie Briggs			Mother's Birthplace	3rd
Name of person giving information	John H Brown			How related to deceased	uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary 'not determined' 79 How long 3 days

Immediate 'not determined' How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

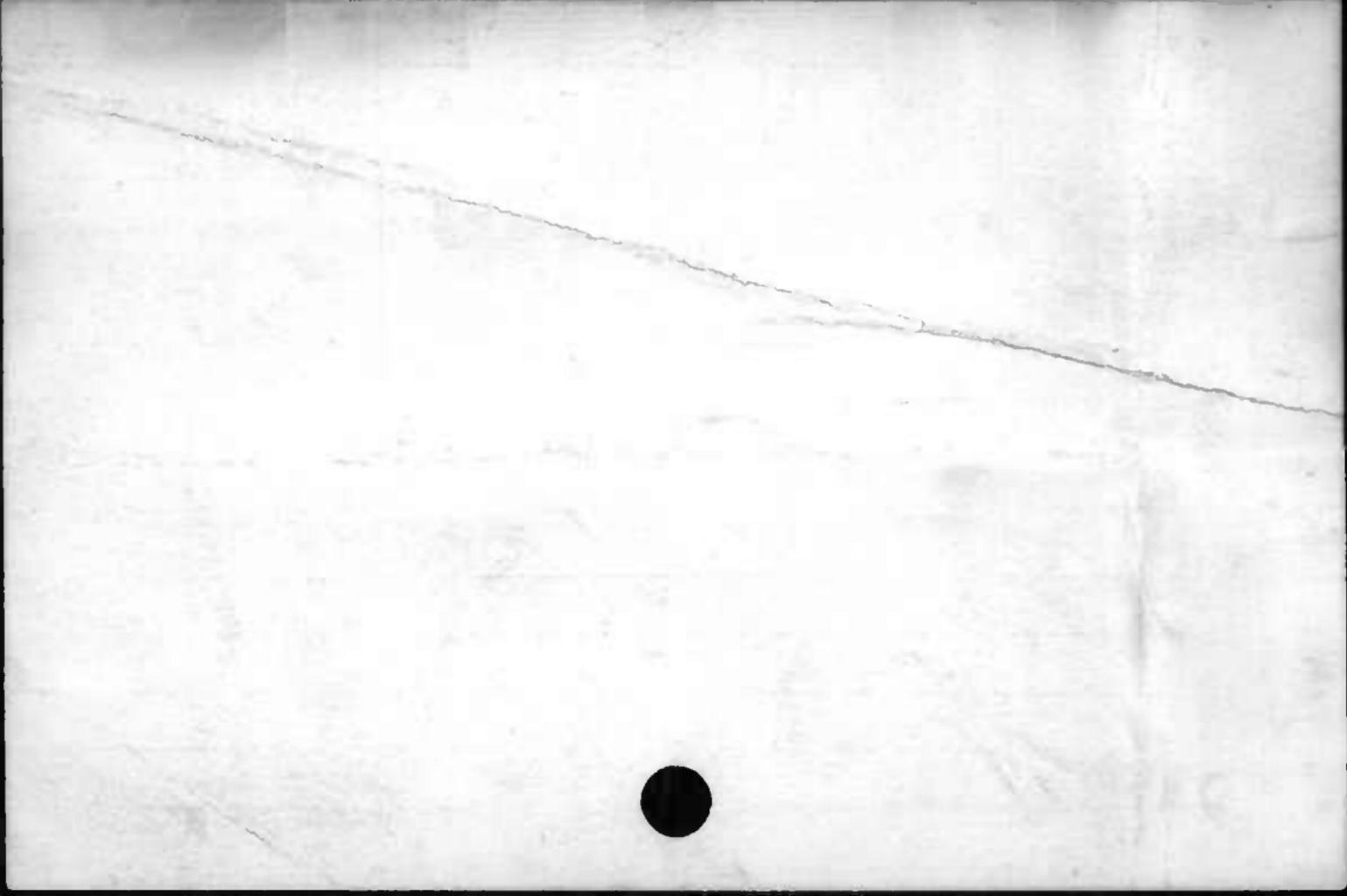
J. F. Taylor

Address

Gaithersburg

J

Accident or Suicide?



Name
in
Full

James Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

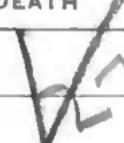
Died at	Name of Town Chesterfield		P.L.S.	County	MARYLAND	
Date of death	1905	Month Jan	Day 29	Years 19	Months	Days
Sex	Male	Color or Race	Yellow			
Occupation	Inmate	Where Residing if not at place of death House Reformation				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John W. Brown			Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	John B. Pyles Supt			How related to deceased none		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Phtisis

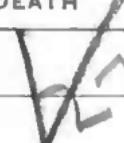


How long

5 years

Immediate

Asthma



How long

Are the name, age, sex, color, date and place correctly given above?

Yes

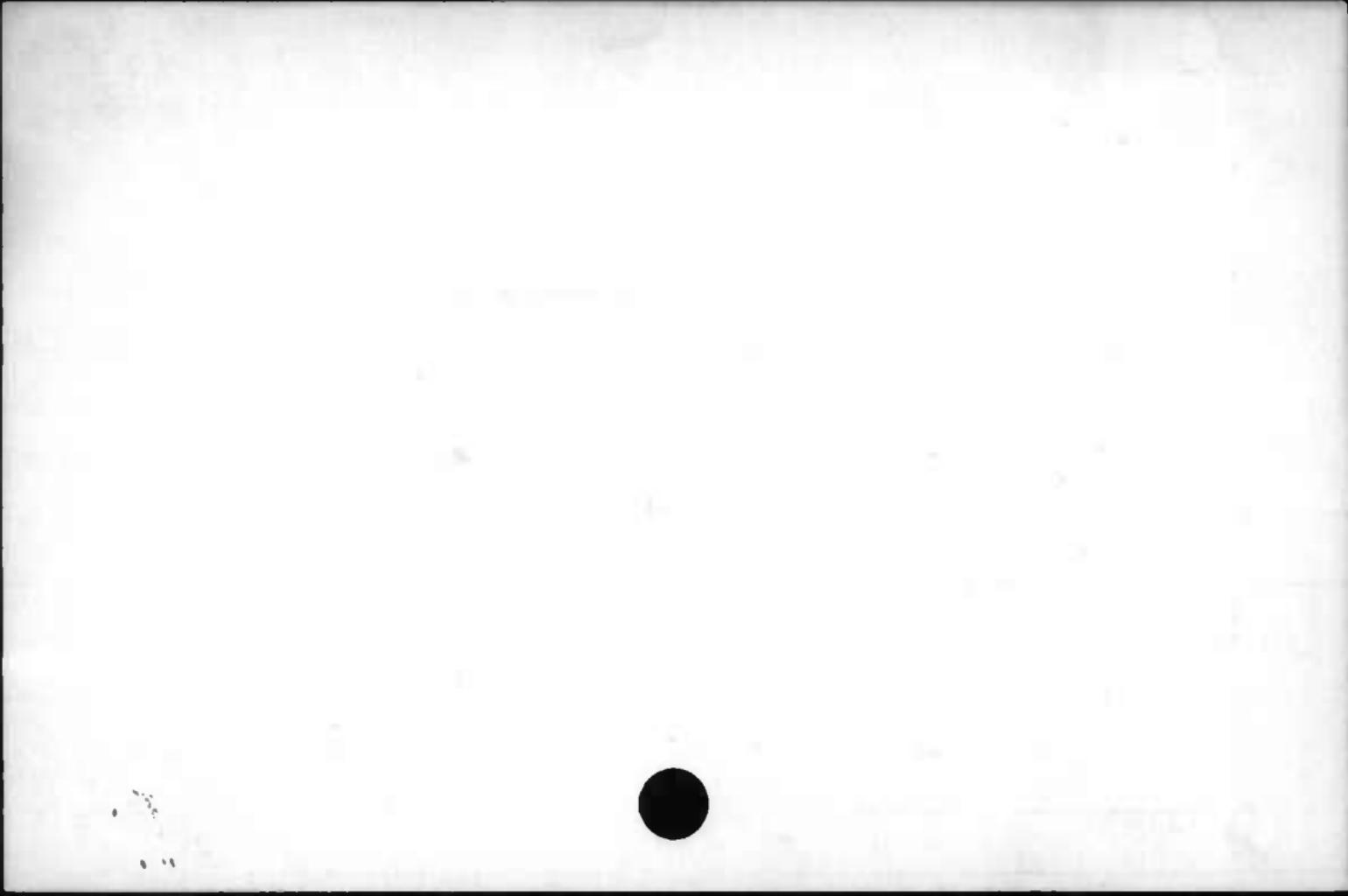
Signature of Physician

W.H. Gibbons

Address

Crown md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Smith Caswell					CERTIFICATE OF DEATH		
Died in Marlboro		Town	County		MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days		
Female	Color or Race	27	Age				
Married, Single or Widowed	Occupation		Birth- place	England			
Name of Wife or Husband	Widowed						
Father's Name	Margaret Smith		Father's Birthplace	England			
Mother's Maiden Name	Charlotte Linsley		Mother's Birthplace	England			
Name of person giving Information	Joseph Caswell		How related to deceased	Son			

CAUSES OF DEATH

Primary

Inflammation of lungs.

How long

64

How long

Immediate

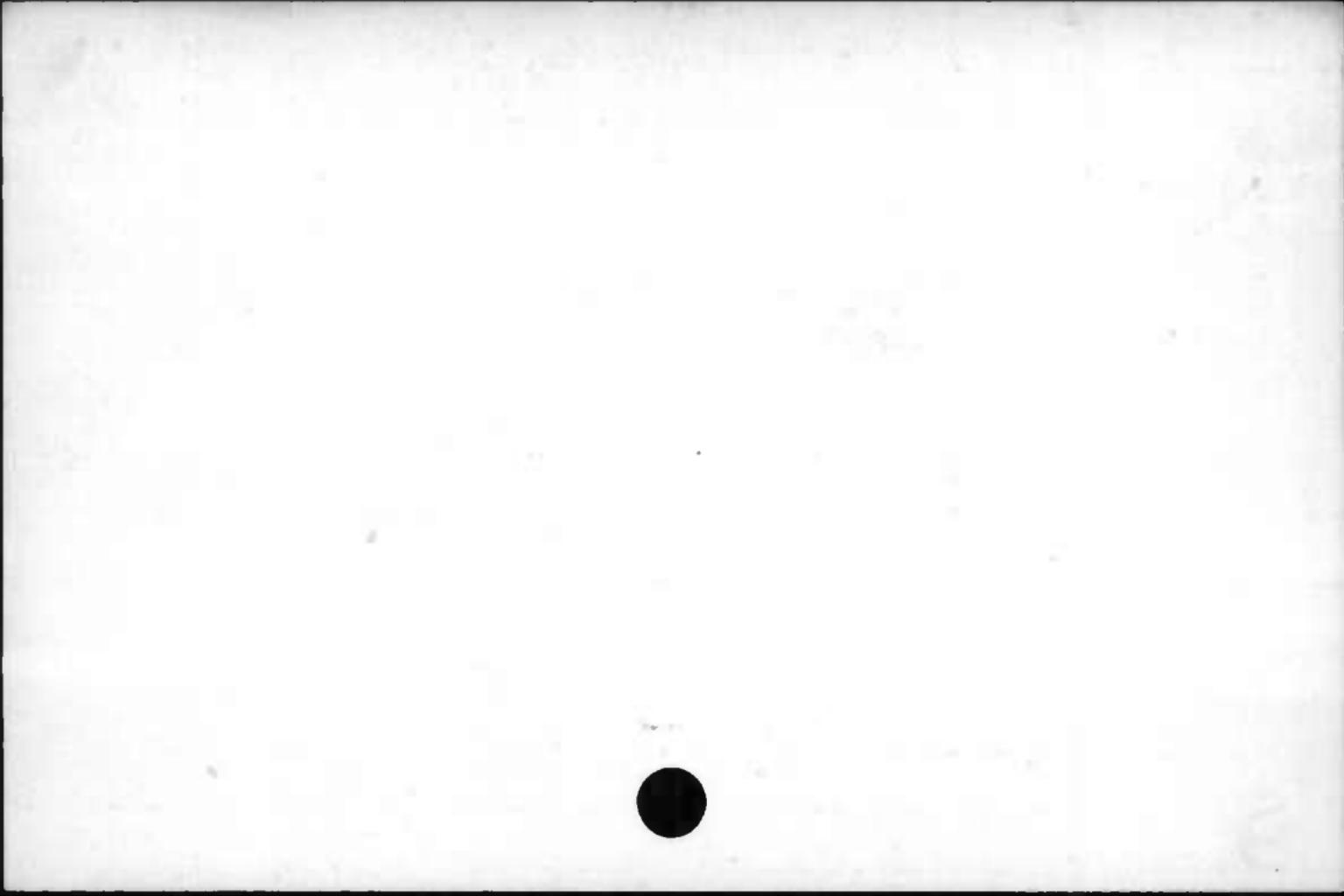
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

E. J. Barth
Tiscatana - Md.

Accident or Suicide?



Name
in
Full

William Culver

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Bowie	County Prince George	MARYLAND		
Date of death	Month January	Day 26	Years 63	Months	Days
Sex male	Color or Race Colored	Birth- place Maryland			
Occupation Farmer & Blacksmith	Where Residing if not at place of death Bowie				
Married, Single or Widowed married	Name of Wife or Husband Matha Brooks				
Father's Name Vach Culver	Father's Birthplace Maryland				
Mother's Maiden Name Ann Diggs	Mother's Birthplace Maryland				
Name of person giving Information Julia Culver	How related to deceased Daughter				

CAUSES OF DEATH

Primary **Pulmonary Consumption** How long
6 months

How long

How long

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Nelson A Ryon M.D.

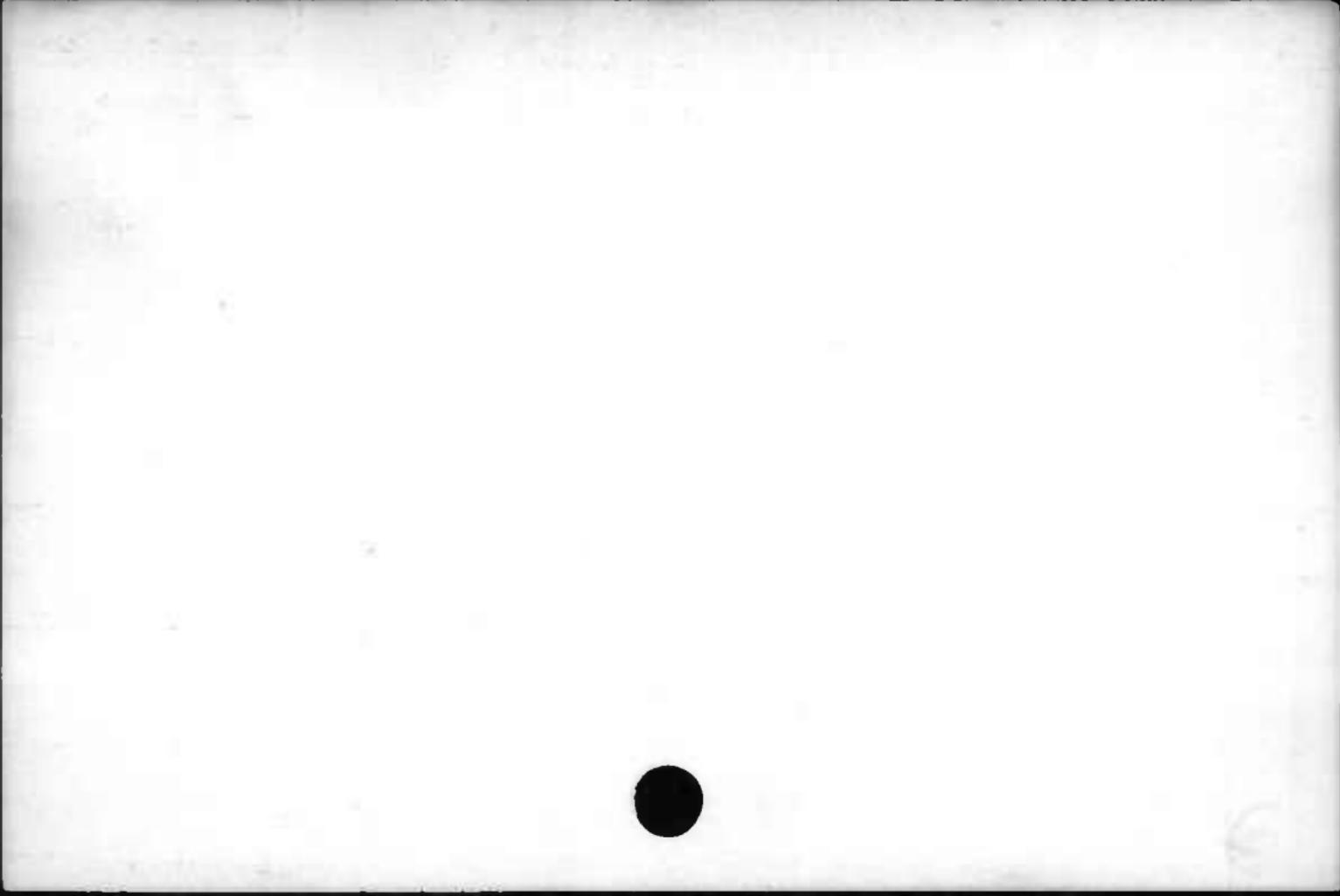
Address

Bowie

MD

Accident or Suicide?

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John R. Douglas

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Woodsville

County

Po. Davis

Date
of death 1905

Month

Day

Years

Age 53

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Married, Single
or Widowed

Widower

Occupation

Labourer

Name of Wife or
Husband

Margaret Douglas

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Geo Berry

How related
to deceased

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

One year

Immediate

Same

How long

Are the name, age, sex, color, date
and place correctly given above?

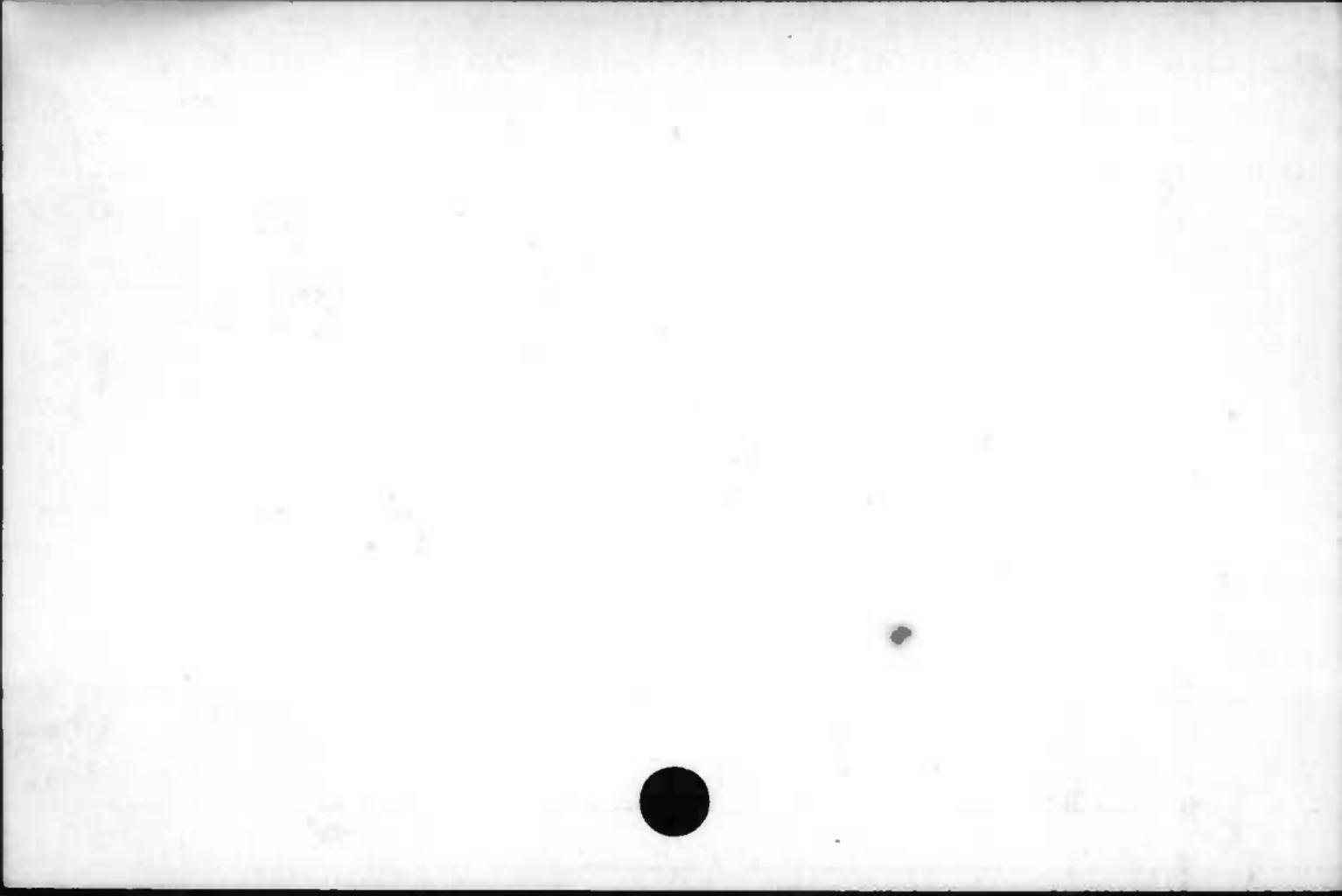
Signature of
Physician

Address

H. Weston Brown
Aquaurea, Md.

8-

Accident or Suicide?



Name
in
Full

Bruj J. Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Forestville Town P. O. County

Date of death <u>1905</u>	Month <u>1</u>	Day <u>30</u>	Years <u>2</u>	Months <u>2</u>	Days <u>—</u>
---------------------------	----------------	---------------	----------------	-----------------	---------------

Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Virginia</u>
-----------------	----------------------------	-----------------------------

Occupation <u>wife</u>	Where Residing if not at place of death <u>—</u>
------------------------	---

Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>
---	----------------------------------

Father's Name <u>J.R. Davis</u>	Father's Birthplace <u>Virginia</u>
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Mother's Maiden Name <u>Bethia A Smith</u>	Mother's Birthplace <u>Virginia</u>
--	-------------------------------------

Name of person giving information <u>J.R. Davis</u>	How related to deceased <u>Father</u>
---	---------------------------------------

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Emphysema</u>	How long <u>11 days</u>
Immediate <u>Meningitis</u>	How long <u>3 days</u>

Are the name, age, sex, color, date and place correctly given above?

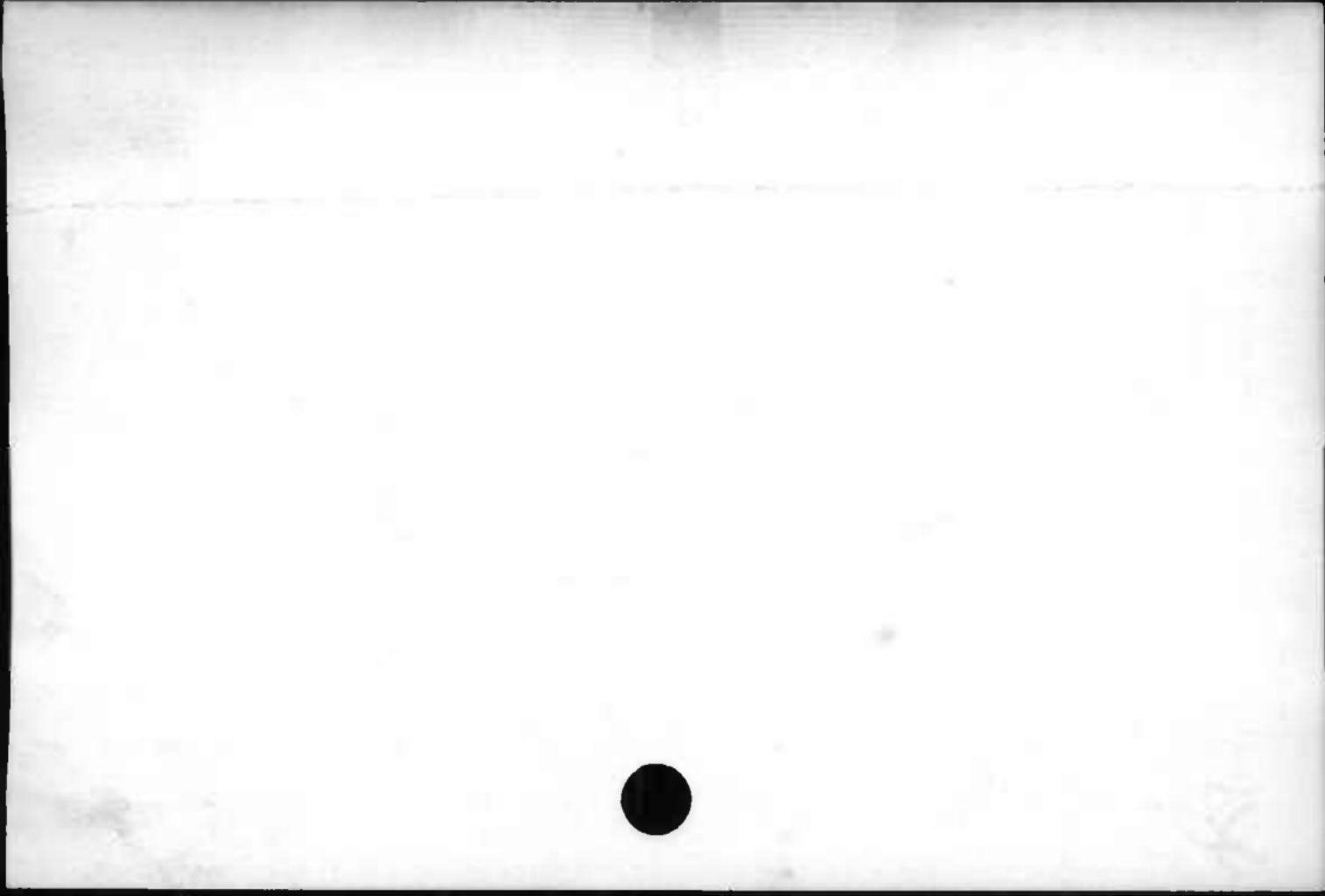
Signature of Physician

Gas

Address

John Daubney
Forestville
Md.

Accident or Suicide? —



Name
in
Full

James R. Duckett.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	T.B.		Town	County	MARYLAND					
Date of death	1905	Month	1	Day	7	Years	Age	Months	Days	
Sex	male		Color or Race	Colored		Birth-place	T.B. Md			
Occupation	Where Residing If not at place of death									
Married, Single or Widowed			Name of Wife or Husband							
Father's Name	Ernest Duckett,				Father's Birthplace	Mathewmano				
Mother's Maiden Name	Frances Pinkney -				Mother's Birthplace	T.B. Md.				
Name of person giving information	Ernest Duckett				How related to deceased	father				
CAUSES OF DEATH										
Primary	Cold from birth					How long				
Immediate	Convulsions					How long	1 day			

PHYSICIAN
OR CORONER



Are the name, age, sex, color, date and place correctly given above?

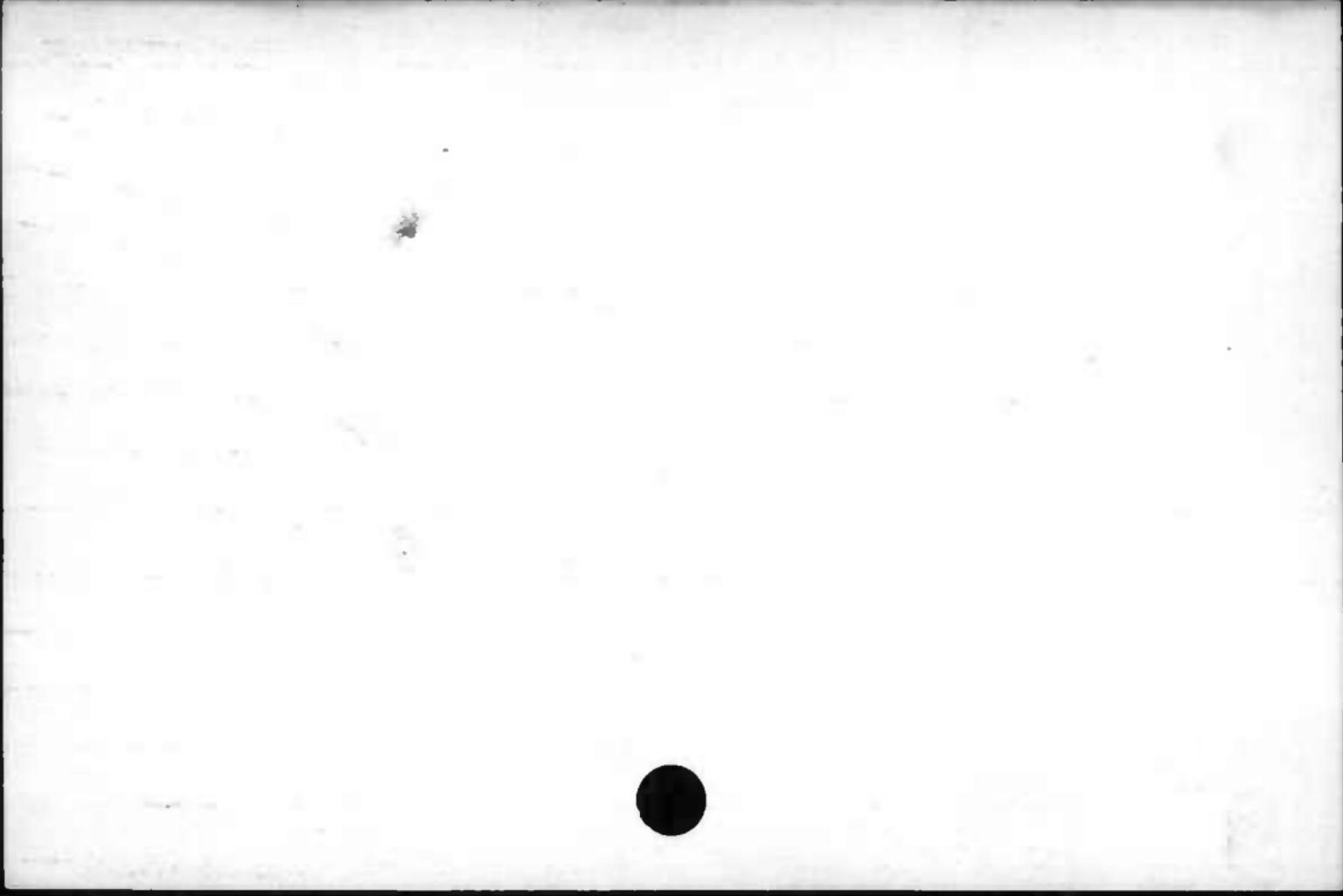
Yes

Accident or Suicide?

Signature of Physician

Address

Coroner, William Rodriguez Jr,
Brandywine, Md



Name
in
Full

Jos. Anthony Fluehr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at Hyattsville		Prince George's Co.	
Date of death	Month	Day	Years
1905	1	14	78
Sex	Male	Color or Race	White
Occupation	Wilkman	Where Residing if not at place of death	Home
Married, Single or Widowed	Married	Name of Wife or Husband	Anna
Father's Name	Unknown	Father's Birthplace	Unknown
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
Name of person giving Information	R. J. Daubach	How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility 154

How long

1 year

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

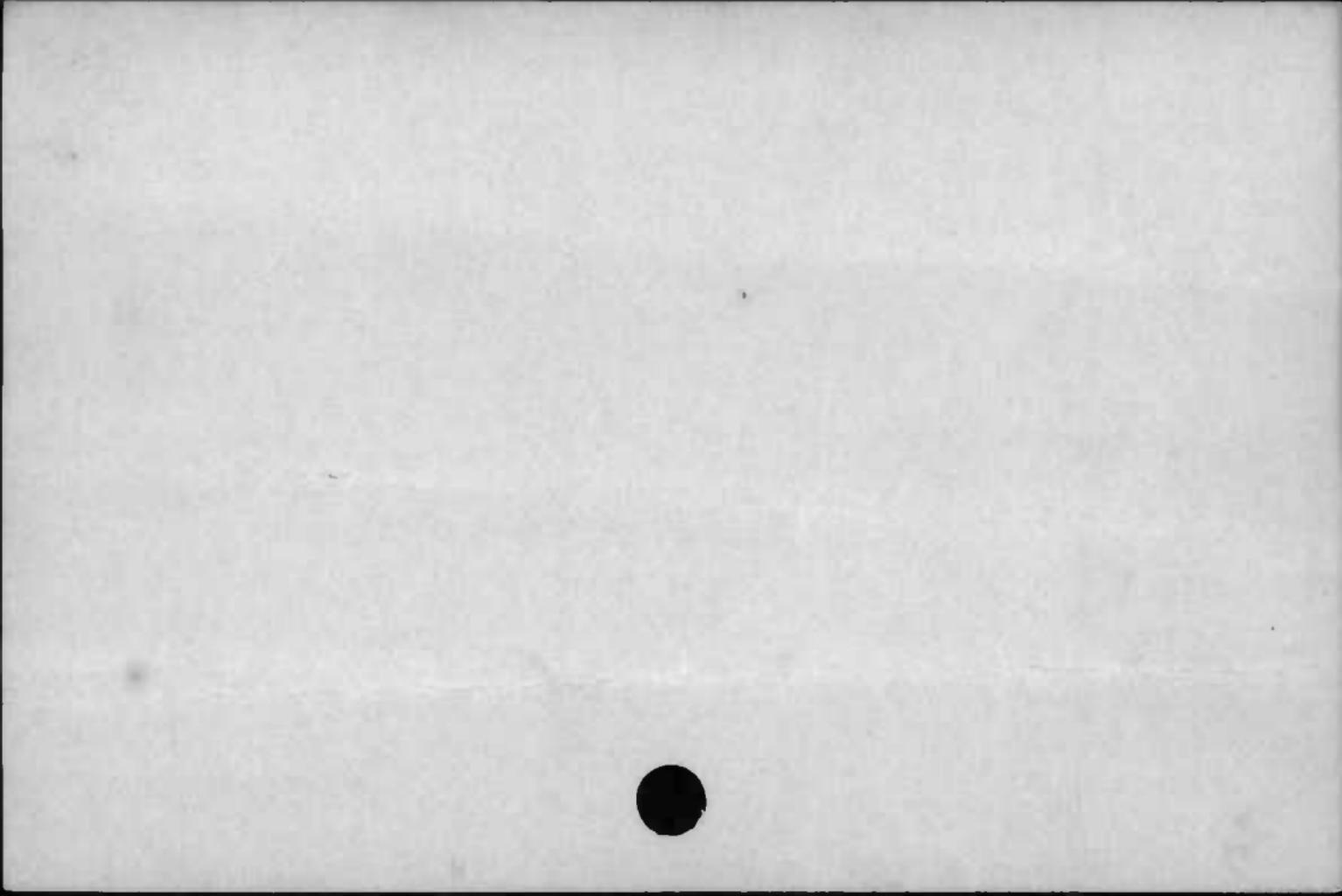
Signature of Physician

Address

Dr. W. R. Palmer MD
Hyattsville Md

Is Accident or Suicide?

Neither



Name
in
Full

Nancy Fowler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chalk Point farm</u> Town <u>Primes</u> County <u>Geo</u>			MARYLAND		
Date of death <u>1905</u>	Month <u>Jan.</u>	Day <u>20</u>	Years <u>Age 35-40</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Mulatto</u>	Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>At home</u>				
Married, Single or Widowed	Name of Husband <u>Thomas Fowler</u>				
Father's Name <u>Thomas Contee</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Ellen Glasgow</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Henry Delaney</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia & Miscarriage</u>	193	How long	<u>12 days</u>
Immediate	<u>Adynamia & Asthenia</u>		How long	<u>3 days</u>

Are the name, age, sex, color, date and place correctly given above?

Yes

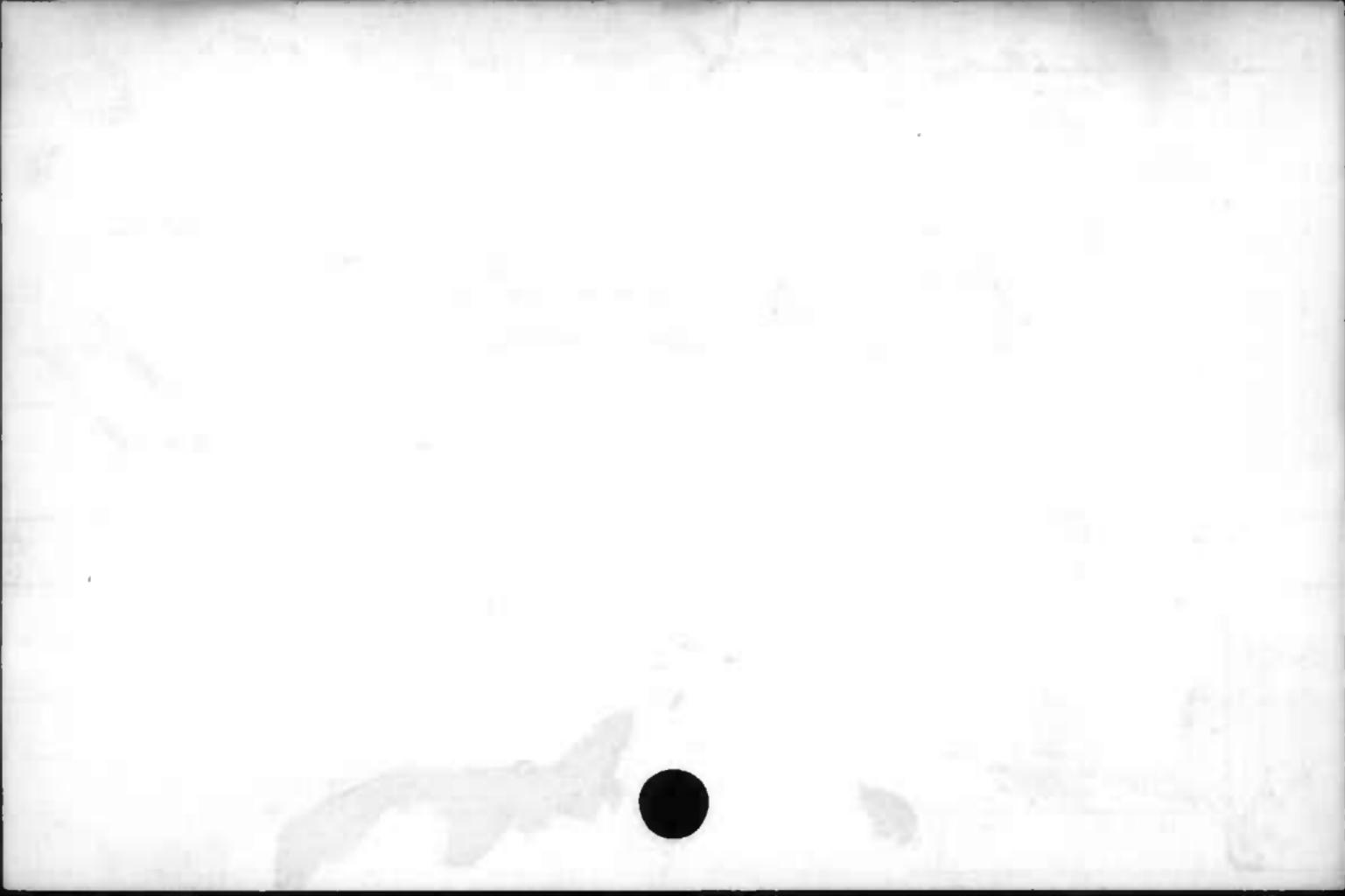
Signature of Physician

Paul Marbury M.D.

Address

Aquasco
Maryland

Accident or Suicide?



Name
in
Full

Adelaide Franklin

CERTIFICATE OF DEATH

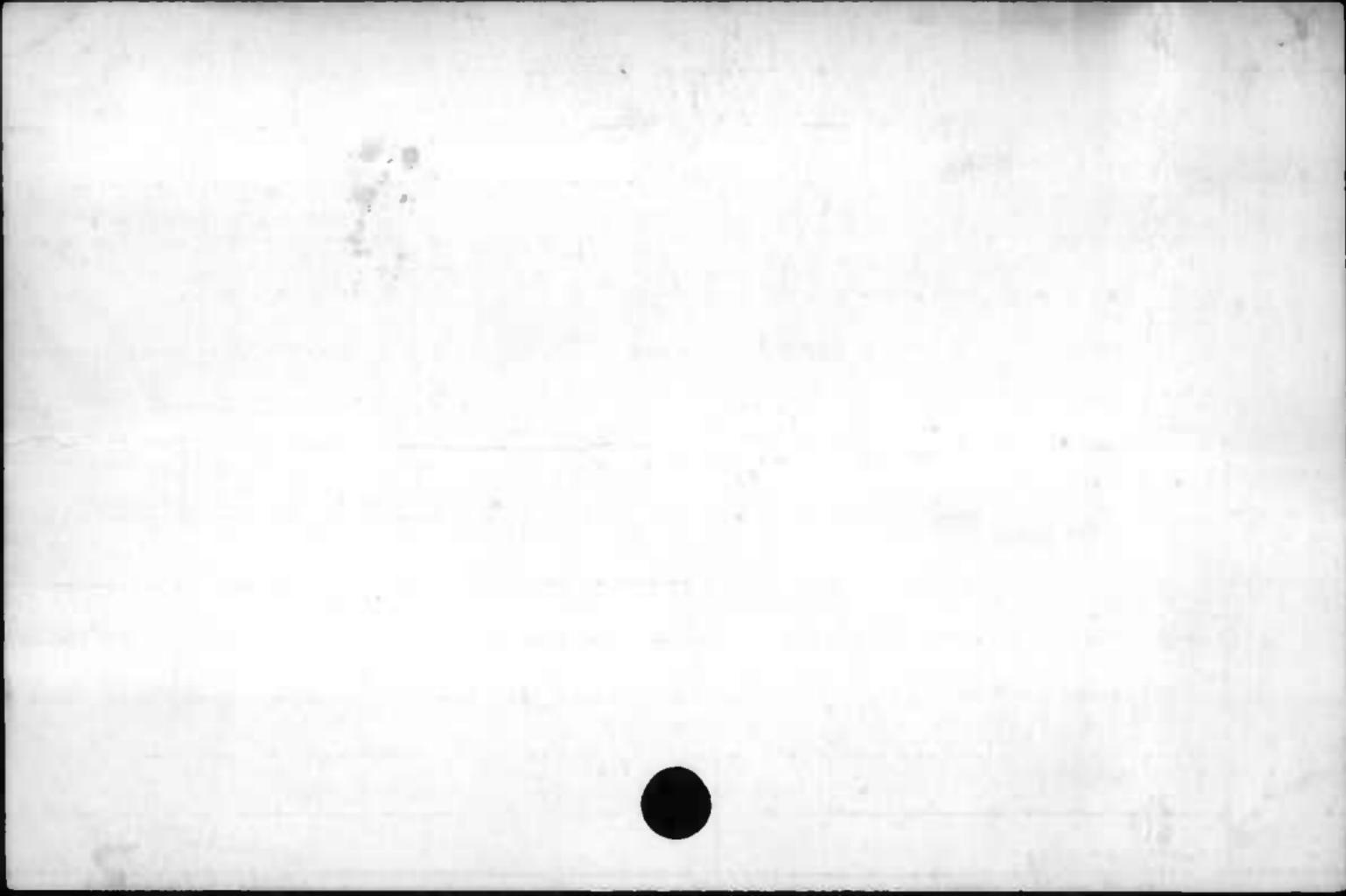
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Jan.	Day 12"	Years 25 -	Months	Days
Sex Female	Color or Race Black	Birth-place Md			
Married, Single or Widowed Married	Occupation H.W.				
Name of Wife or Husband Philip Franklin					
Father's Name Frank Hall	Father's Birthplace Md				
Mother's Maiden Name Anna Hall	Mother's Birthplace Md				
Name of person giving Information Jessie Lancaster	How related to deceased Niece				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis	How long
	immediate		3 mo -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?		JAS. JONES Et Laurel Md	

8



Name
in
Full

Still Born Infant

CERTIFICATE OF DEATH

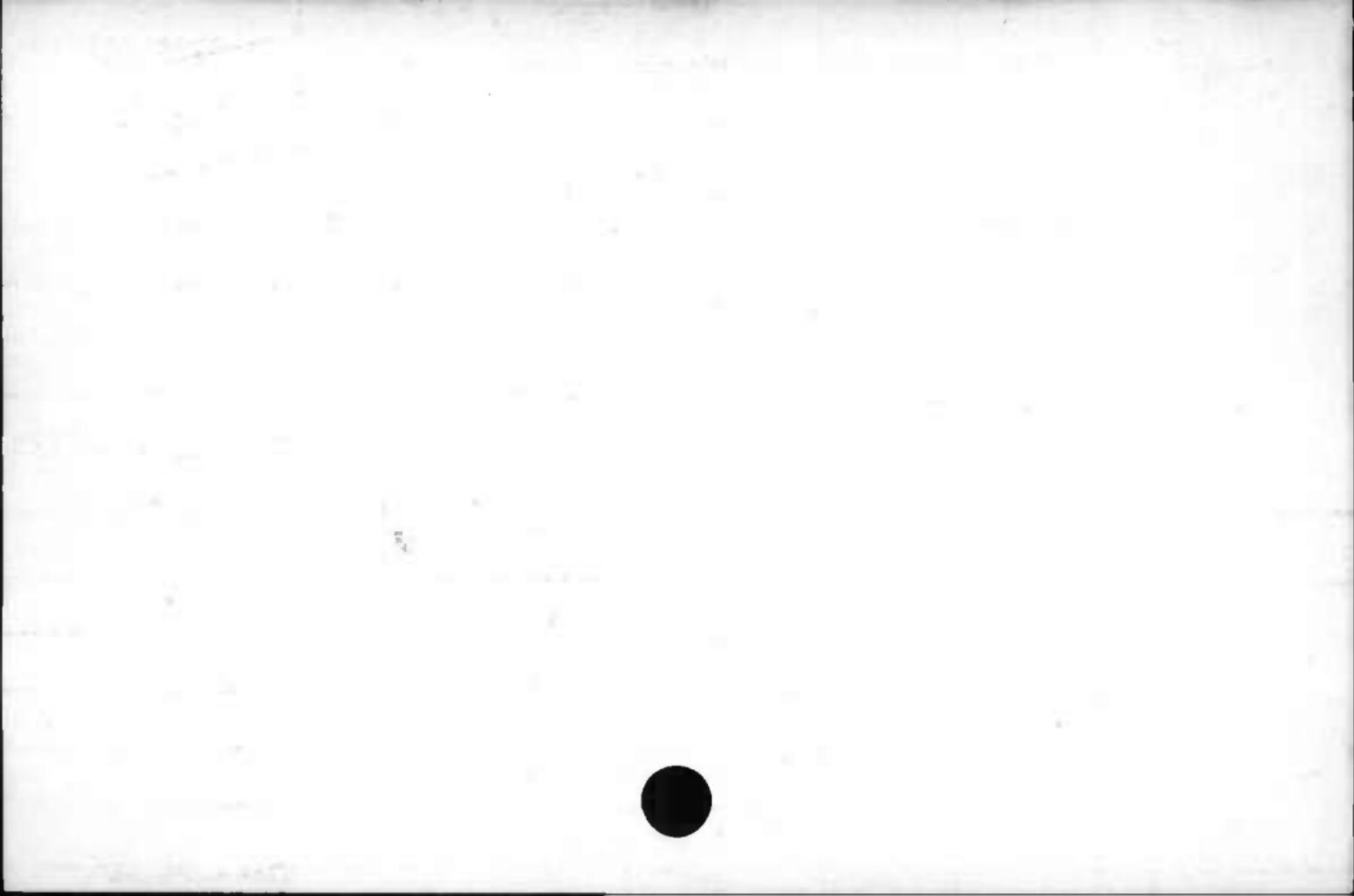
To BE ANSWERED BY
NEAREST FRIEND

Died	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death			Pr. Ls. Co. Md.		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Henry Gillham			Father's Birthplace	Pr. Ls. Co. Md.	
Mother's Maiden Name	Eula Fred Grandt			Mother's Birthplace	Patt. Md.	
Name of person giving Information	John Henry Gillham			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Accident or Suicide?	Ex. L. L. M. D. Piscataway Md	



Name
in
Full

Calbert Garner.

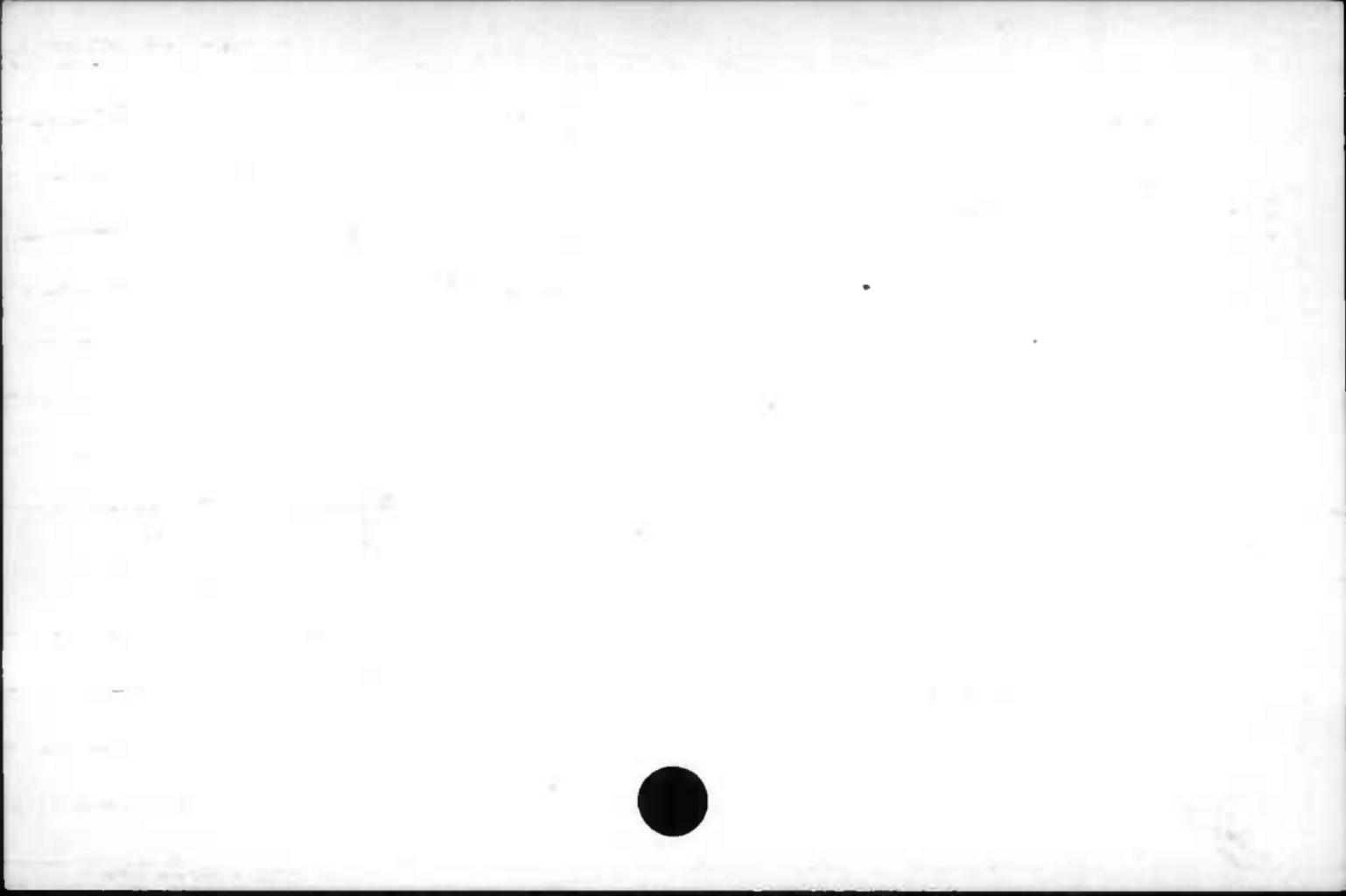
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Cedaville Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	R. J. Garner.				
Mother's Maiden Name	Mary. J. Southern.				
Name of person giving information	Calbert D. Baden.				
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary	Scarlet Fever		How long	2 or 3 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John R. Cor. Md.	
		Address	Z.B. Md.	
Accident or Suicide?				

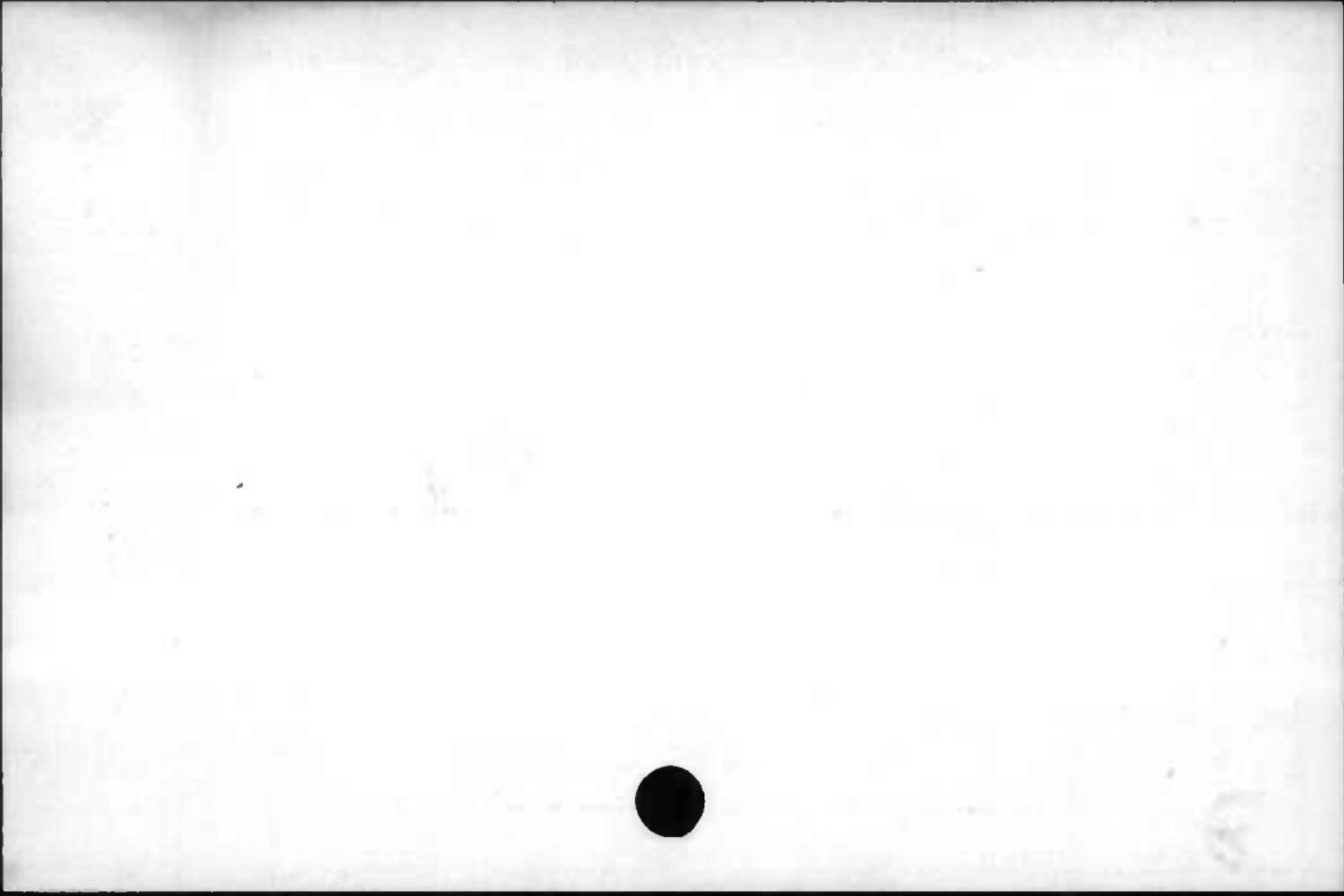


Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

<i>William Grimes</i> <small>Own State County</small>					MARYLAND	
Died at Mar. 20, 1905		Month	Day	Years	Months	Days
Date of death 1905	/	2	Age	60	3	22
Sex Male	Color or Race White	Birthplace Dr. L. S. Co. Md.				
Married, Single or Widowed Married	Occupation Labourer					
Name of Wife or Husband Elizabeth Grimes						
Father's Name <i>Desmond A. Grimes</i>	Father's Birthplace Md.					
Mother's Maiden Name <i>Elizabeth Garrett</i>	Mother's Birthplace Md.					
Name of person giving information <i>Jas. F. Grimes</i>	How related to deceased Mrs.					
CAUSES OF DEATH						
Primary	<i>Numeric Poison</i>					How long <i>10 days</i>
Immediate						How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>					Signature of Physician <i>E. J. Burt</i>
						Address <i>Piscataway</i>
Accident or Suicide?						<i>Md</i>



Name
in
Full

Laura Ann Hale

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	61	10 10
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	William W. Hale		
Father's Name	Benjamin Hale			
Mother's Maiden Name	Anna J. Aldrich			
Name of person giving information	William W. Hale			
Father's Birthplace	P. G. County			
Mother's Birthplace	Montgomery Co.			
How related to deceased	Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	✓	How long	Several years
Immediate	Nitral Insufficiency	✓	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	R. Etienne, M.D.
			Address	Bowman, Md.
Accident or Suicide? 				

10
31120

Raymond Hall

Town

County

Died at

near Cong Heights Wheeler Road Blv. Co

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1955

1

30

Age

7 months

Male

White

Married

White

2nd

Divorced

~~Wife~~

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Kensington Hall

Mother's
Name

Lucie Hall

Cause of

Primary

Lagnipsee Coupl. Pneumonia

How long sick

Death

Immediate

Heart Failure & Obstruction

Accident, Suicide, Homicide

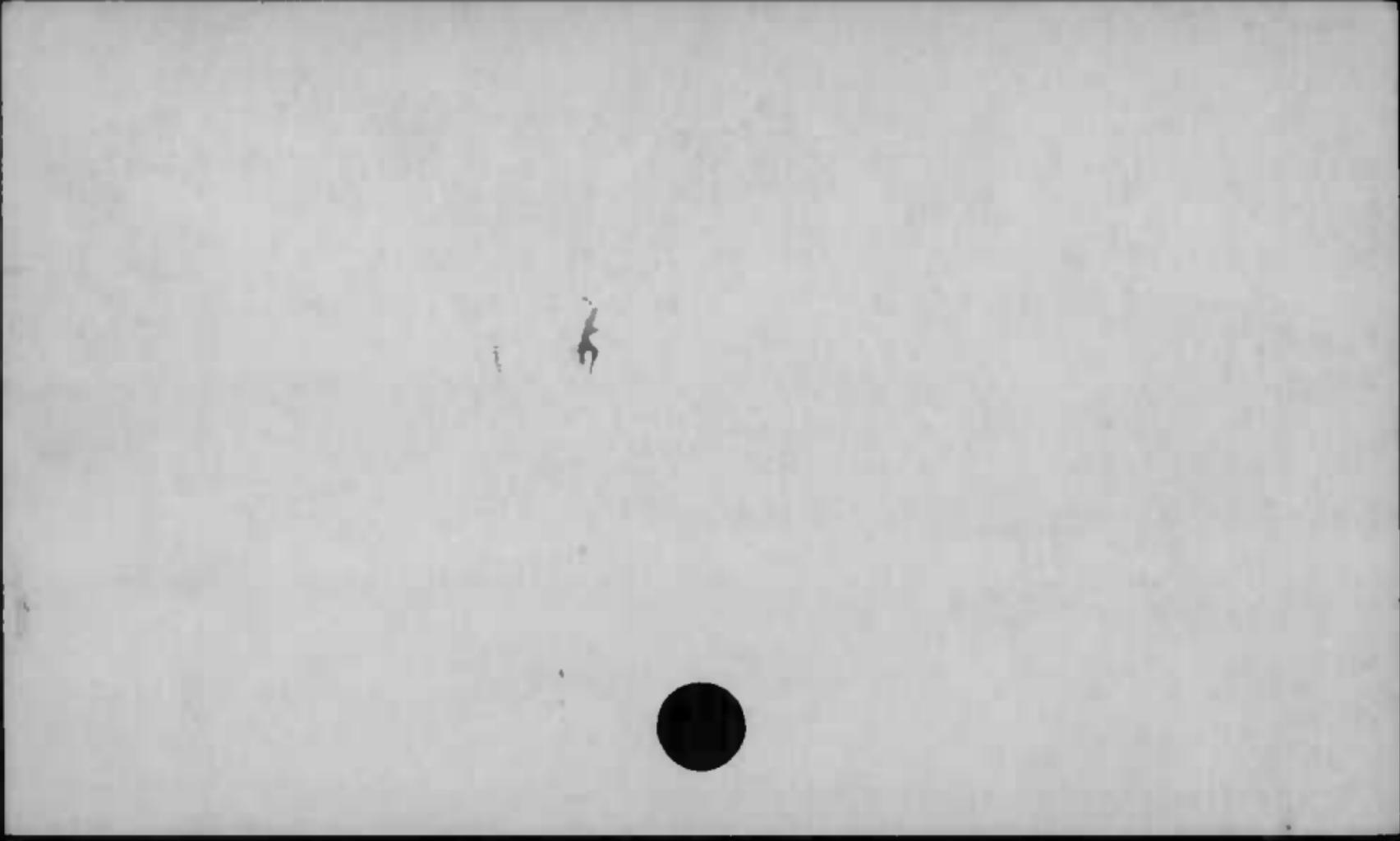
Reported by

F.D. Marshall M.D.

Address

Auracostia
DC

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thomas Edward Hanson

CERTIFICATE OF DEATH

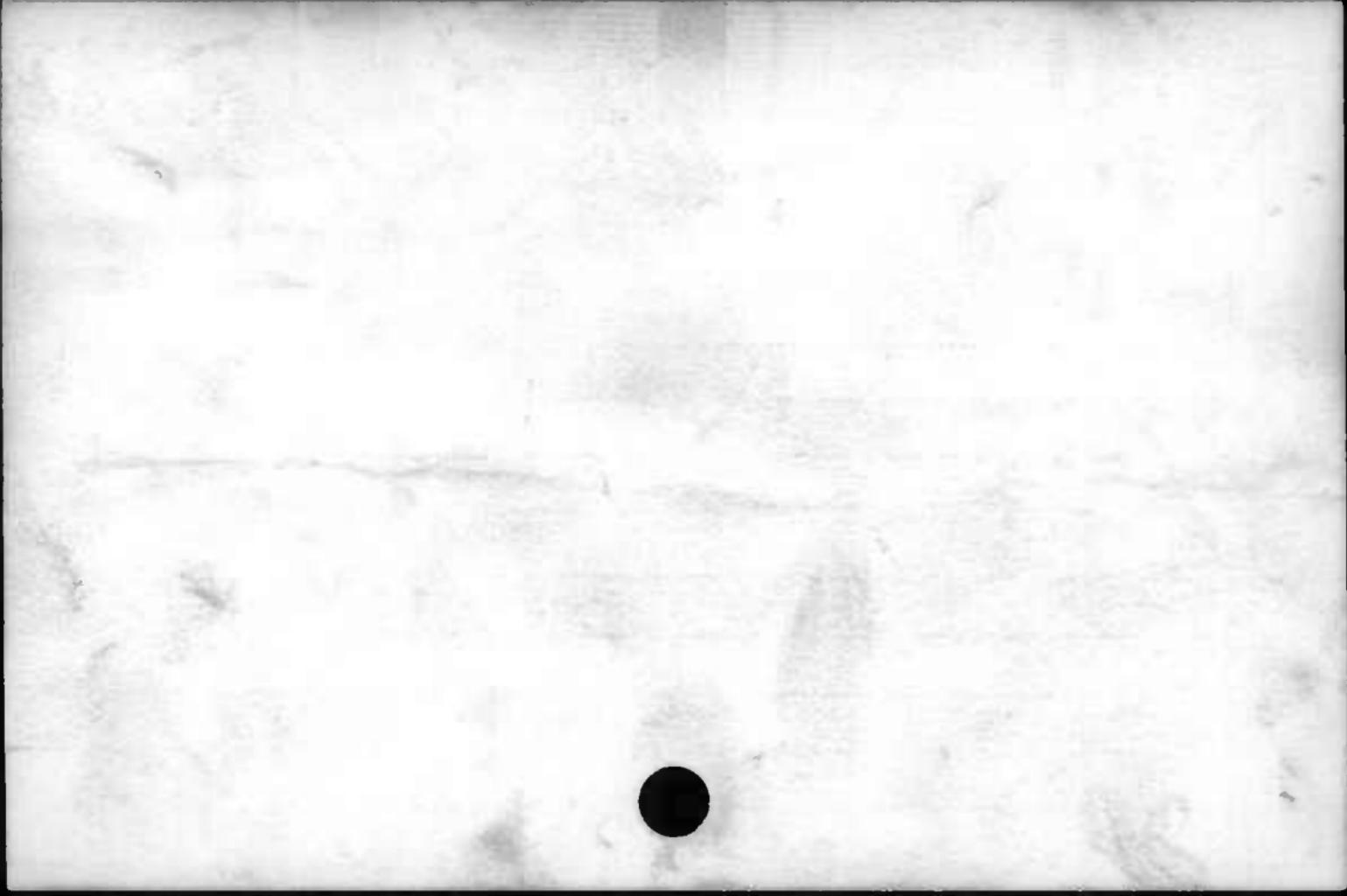
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Suitland	Prince George	
Date of death	Month	Day	Years Months Days
1905	1	12	— — —
Sex	Male	Color or Race	Colored
Occupation	—	Where Residing if not at place of death	—
Married, Single or Widowed	—	Name of Wife or Husband	—
Father's Name	Edward Hanson	Father's Birthplace	Md
Mother's Maiden Name	Ella Butter	Mother's Birthplace	Md
Name of person giving information	Edward Hanson	How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician	John E. Sainsbury,
		Address	Forestville, Md.
Accident or Suicide?			



Alice Hopkins Hill

Died at Upper Marlboro Town Hancock County Georges Co. MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
<u>1905 - Jan'y 3rd</u>			<u>62</u>			<u>U. S. A.</u>	<u>Invalid</u>
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>				
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>				

Number of children living 2

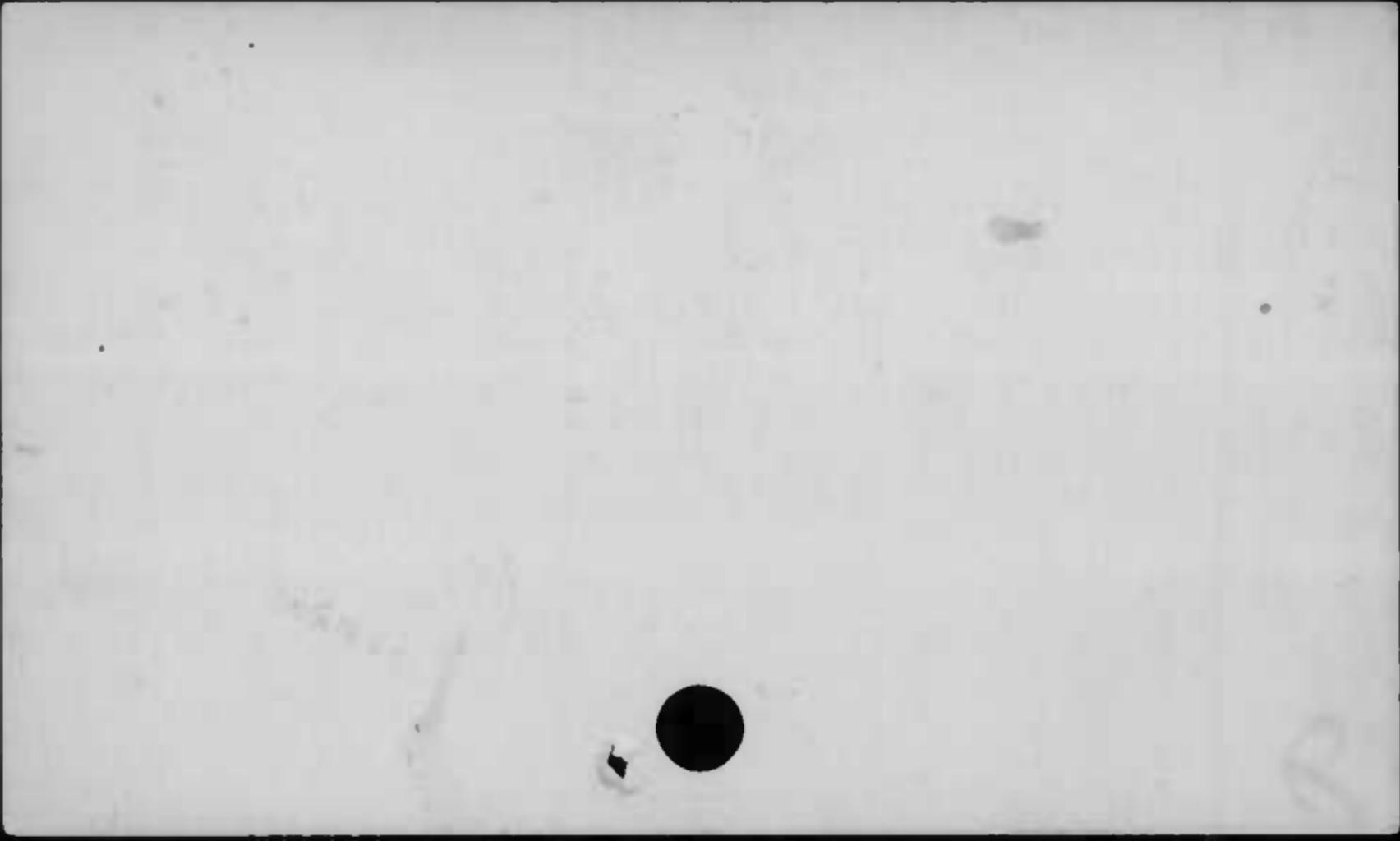
Husband	<u>William W. Hill, dec'd</u>		
Wife	<u>Eliza Millenberger</u>		
Father's Name	<u>James Hopkins</u>	Mother's Name	<u>Velie Millenberger</u>
Cause of Death	Primary	<u>Locomotor Ataxia</u>	
	Immediate	<u>4 years</u>	
How long sick	<u>4 years</u>		

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Riverdale Dragoon M.D.
Upper Marlboro Maryland.



Name
in
Full

Francis Howard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Colored
Occupation	Housewife	Where Residing if not at place of death	
Married, Single or Widowed	Widow	Name of Wife or Husband	James Howard
Father's Name	Thomas Stalls	Father's Birthplace	Maryland
Mother's Maiden Name	not known	Mother's Birthplace	
Name of person giving Information	Percy Howard	How related to deceased	Son.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	X	How long	Not known
Immediate	"	"	How long	" "

Are the name, age, sex, color, date and place correctly given above?

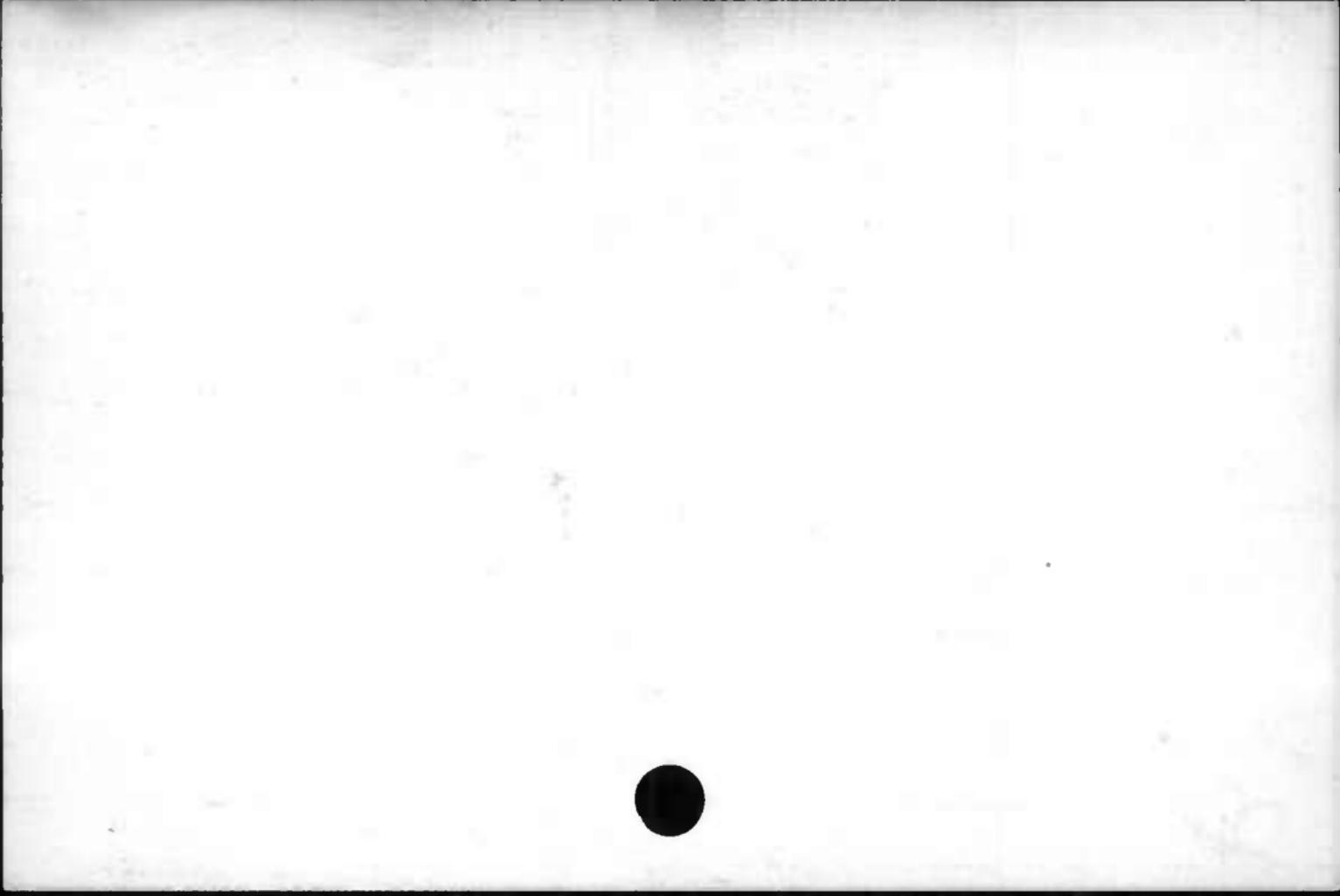
yes.

Signature of Physician

Address

Dr. A.R. Walker
Stalls, Md.

Accident or Suicide?



Name
in
Full

Charles W Hunt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nattinghan</u>		Town	<u>Or Gar</u>	County		
Date of death <u>1905</u>	Month <u>Jan</u>	Day <u>7</u>	Age <u>61</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place		
Occupation <u>Farmer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elyza E.</u>					
Father's Name <u>Gilbert Hunt</u>			Father's Birthplace <u>A. A. Co.</u>			
Mother's Maiden Name <u>Mauda Lyons.</u>			Mother's Birthplace <u>Balyst Co.</u>			
Name of person giving information <u>W. W. Hunt</u>			How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Gangrene</u>	How long	<u>8 weeks</u>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

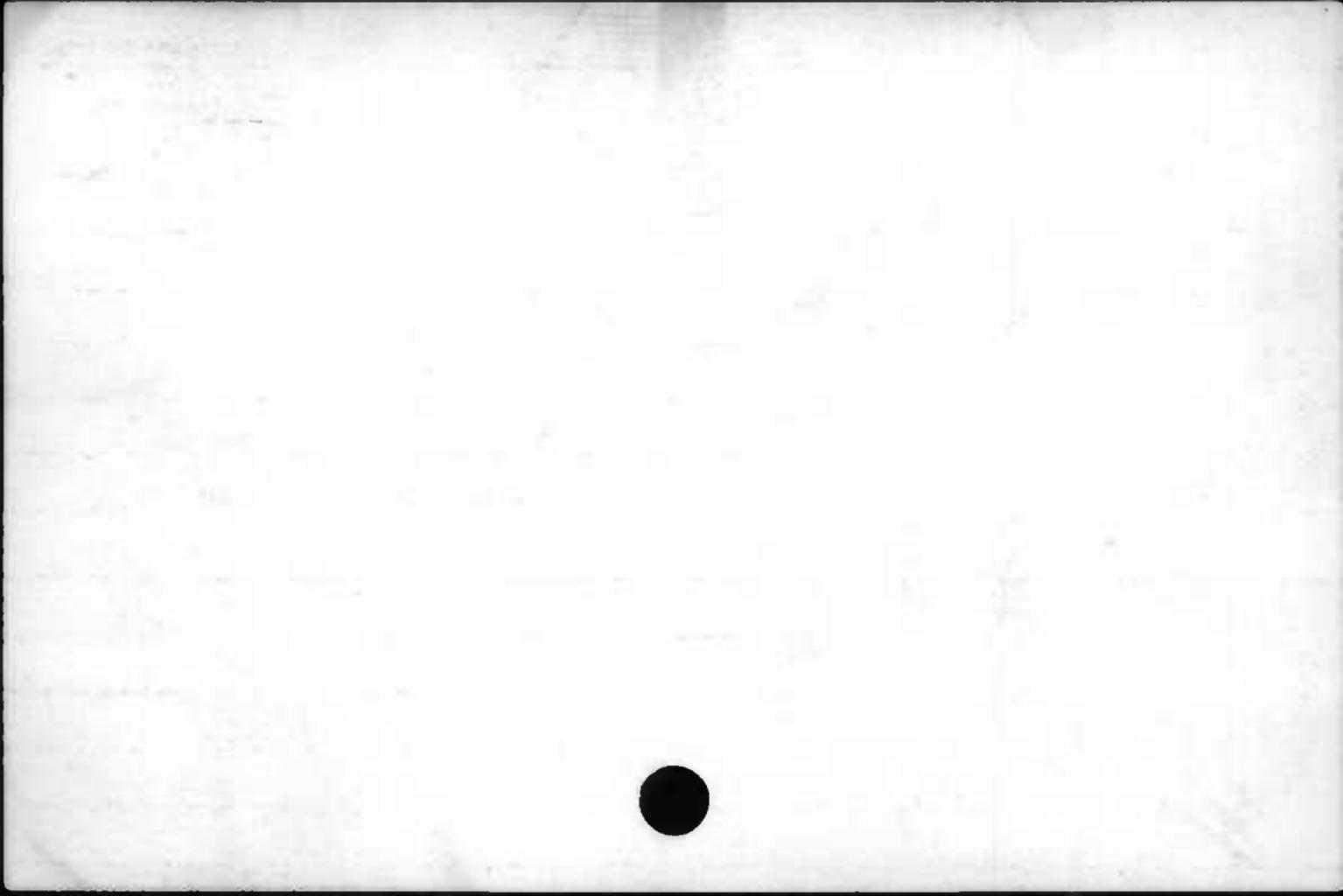
yes

Signature of Physician

W. T. Gibbons
Crown and

Address

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

John T. Hezelinian

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Clinton

P.G.

Date of death 1905

Month

Day

Years

Months

Days

Age 63

11

6

Jan.

Color or Race

Sex Male

Where Residing if not at place of death

Birth-place

P.G. co-reed

Occupation

Carpenter

Married, Single
or Widower

Name of Wife or Husband

Susanna Levy

Father's Name

Hezelinian

Father's Birthplace

Idd

Mother's Maiden Name

Hezelinian

Mother's Birthplace

Idd

Name of person giving information

J. L. Leaming

How related to deceased

Niece

CAUSES OF DEATH

Primary

Dysenteryia double

How long

5 days

Immediate

Plasticis

How long

15 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

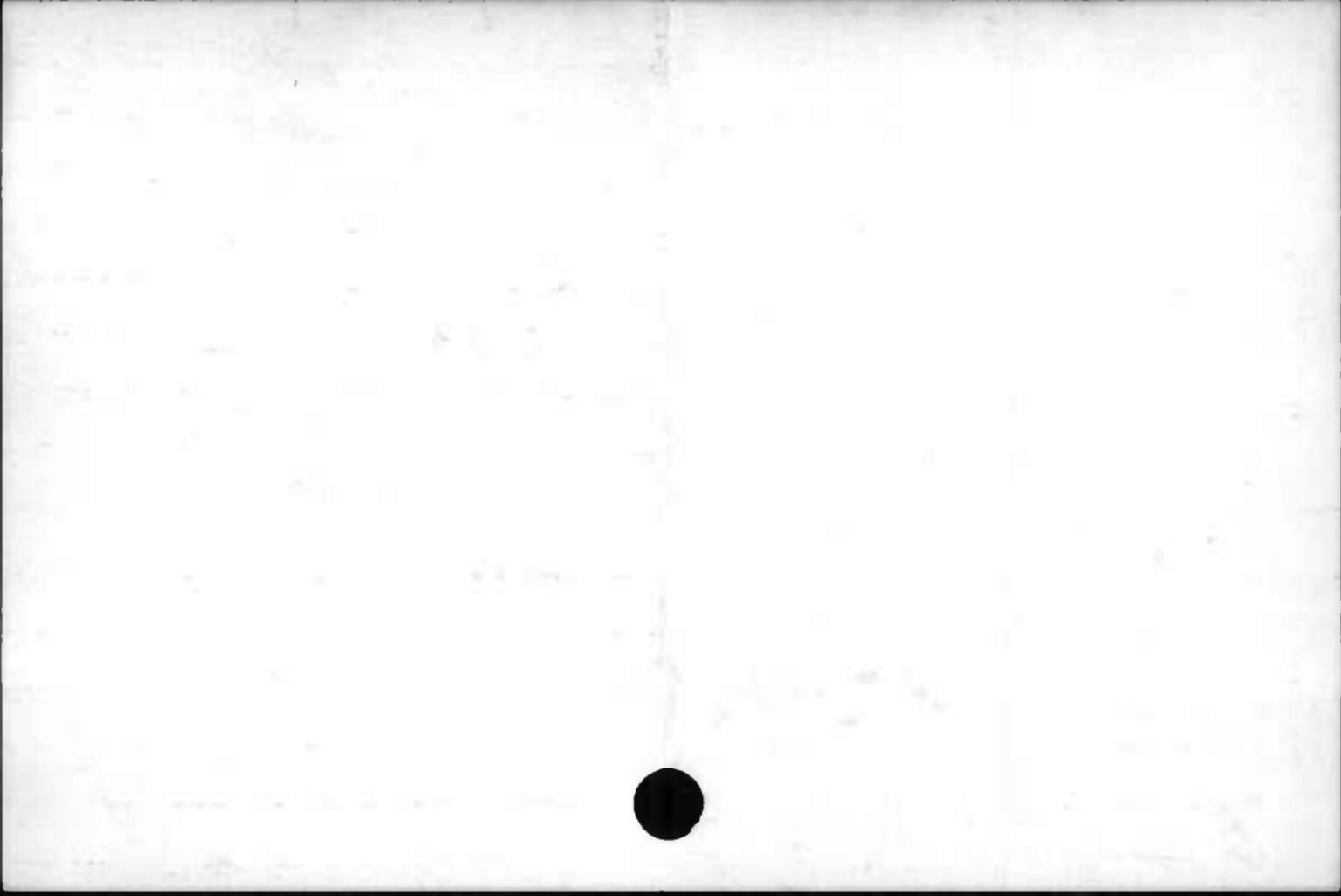
Address

J. L. Leaming

Belieboed

8

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

survived
Died at Lanier

Town

Date
of death

Month
Jan

Day
3

County
P. Georges

CERTIFICATE OF DEATH

MARYLAND

Years

Age at birth

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Frazer Janesh

Father's
Birthplace

Germany

Mother's
Maiden Name

Lily Dawson

Mother's
Birthplace

Md

Name of person giving
Information

Frazer Janesh

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Pneumonia

How long

at birth

Immediate

" " "

How long

at birth

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

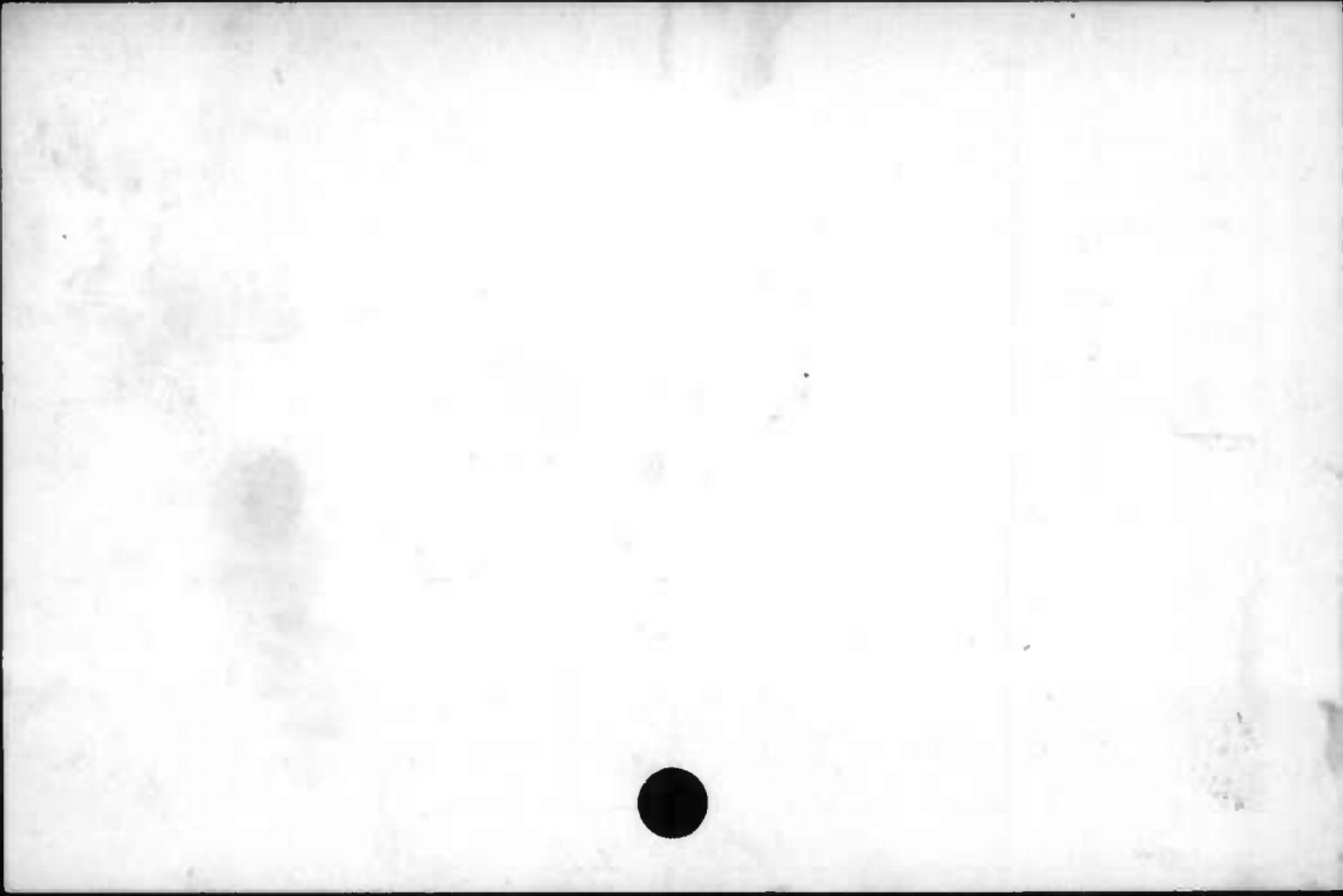
W.T. Taylor

W.T. Taylor

Address

Drexel Hill

Accident or Suicide?



Annie Caroline Johnson

Died at Upper Marlboro Town

County Md.

MARYLAND

Date <u>1905</u>	Month <u>1</u>	Day <u>27</u>	Y. <u>16</u>	M. <u>-</u>	D. <u>-</u>	Native of <u>Pa.</u>	Occupation <u>P.L. and chambermaid</u>
Male	White		Married	Widow		Divorced	
Female	Colored		Single	Widower		Number of children living	

Husband of

Wife

Father's Name

Thomas Johnson

Mother's Name

Mathilda Johnson

Cause of Death

Primary

Eclampsia

How long sick

Death

Immediate

38

Accident, Suicide, Homicide

Reported by

Ronald Dawson M.D.

Address

Upper Marlboro Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martin

CERTIFICATE OF DEATH

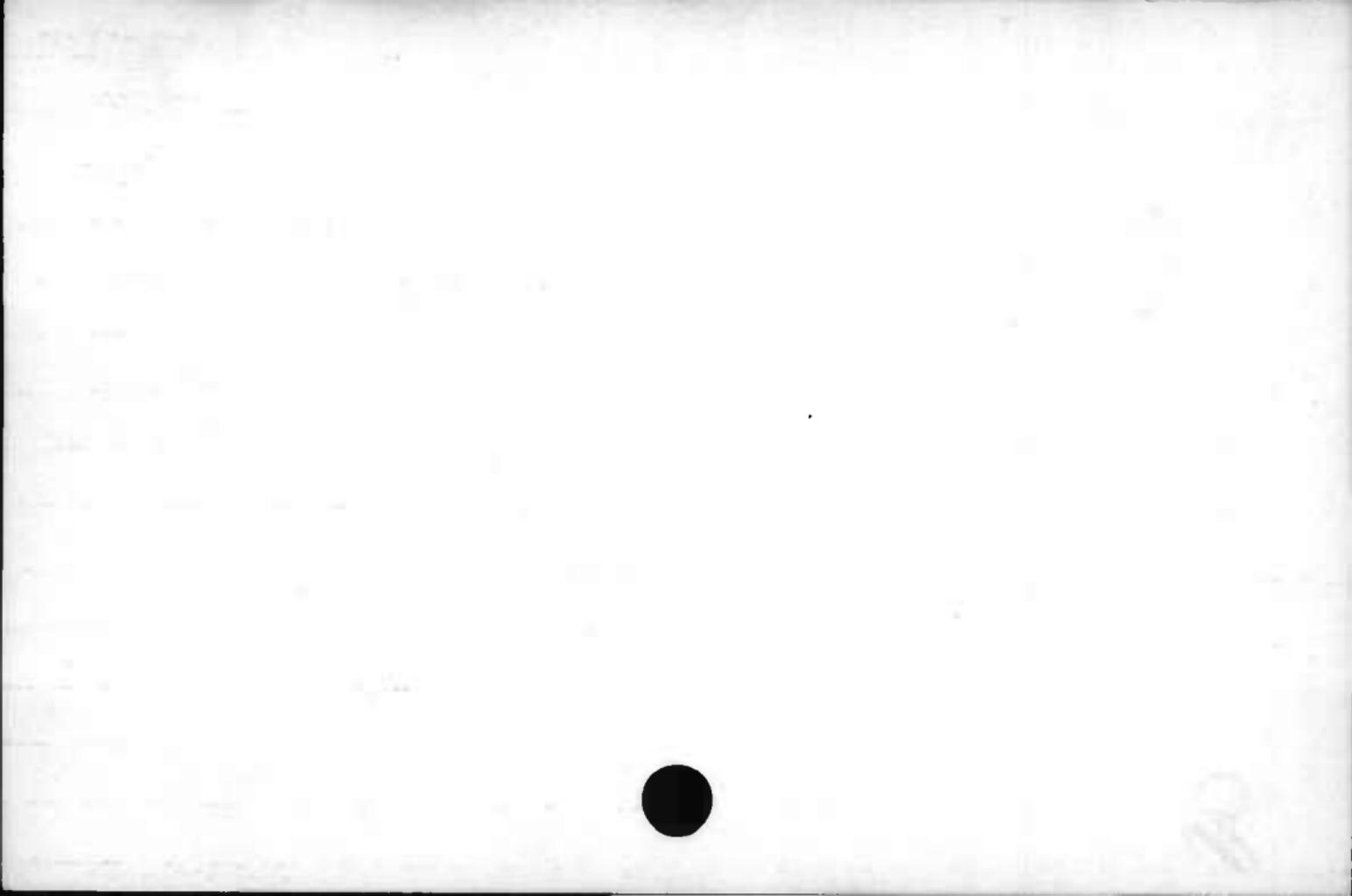
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Martin In Ises		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Hayattsville Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	How long	8 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Sam Walter Baltimore
		Address	Hayattsville Md
Accident or Suicide?	Neither		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Blair W. Kowen

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	David Kowen		Father's Birthplace	Md.	
Mother's Maiden Name	Mary Wilson		Mother's Birthplace	Md.	
Name of person giving information	Mrs. L. O. R. Tracy		How related to deceased	Wife	

CAUSES OF DEATH

Primary Otitis Pulmonalis How long 3 months

Immediate Heart Failure. How long

Are the name, age, sex, color, date and place correctly given above?

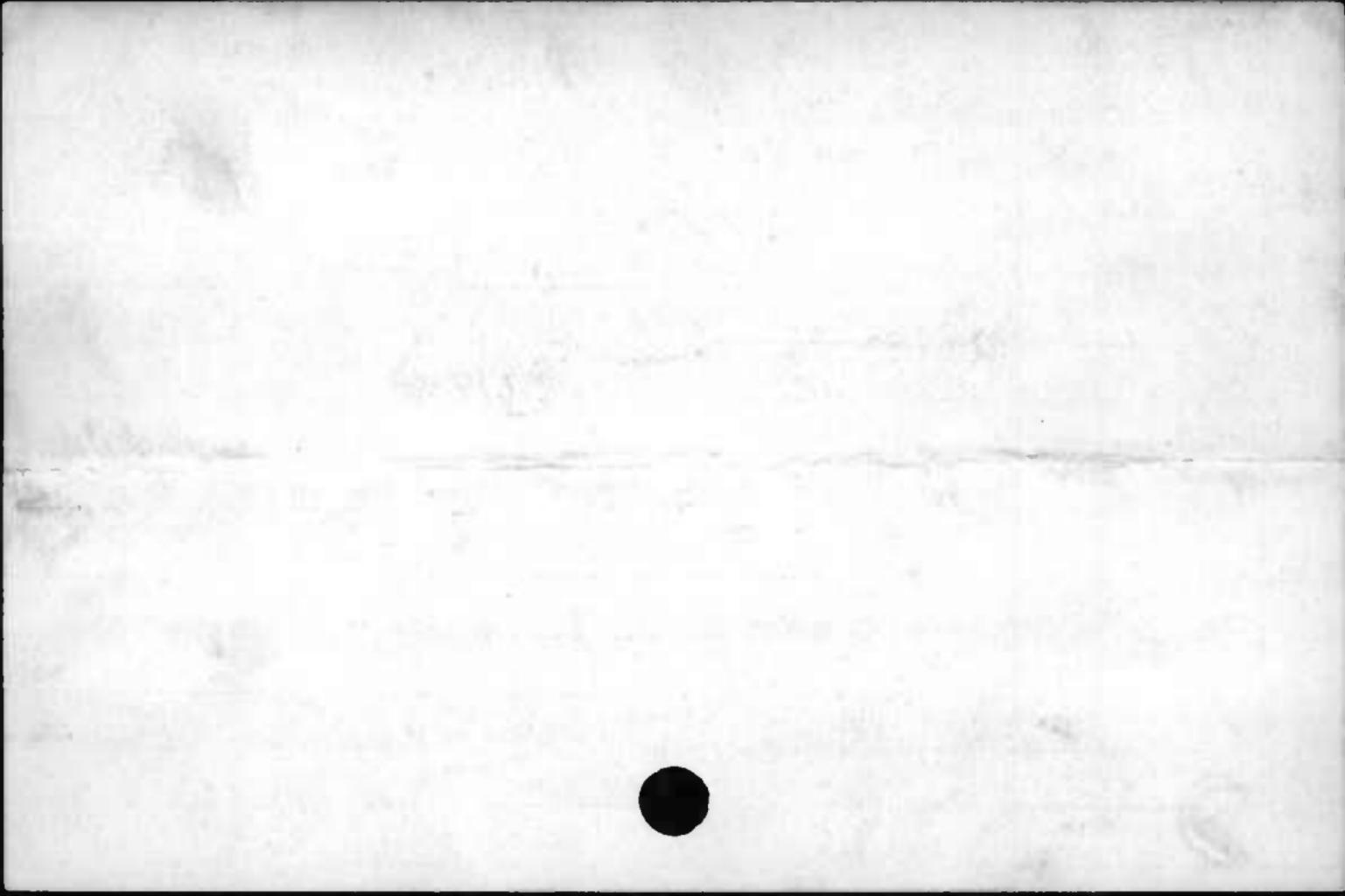
Yes

Signature of Physician

Dr. J. M. Baldwin,
Lansdale, Md.

Address

Accident or Suicide?



Name
in
Full

Joseph Allen Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1905	Month	Day	Years	Months	Days
Sex Male	Color or Race	Age -		Birth-place Marlboro	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Irving Parker				
Mother's Maiden Name	Horne				
Name of person giving Information	Irving Parker				
Father's Birthplace P.W. Md					
Mother's Birthplace Pico. Md					
How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

From birth

Immediate

Inhalation

How long

See Griffith
Upper Marlboro Md

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

YSS

Accident or Suicide?



Name
in
Full

Nickolas Saunders Plummer Jr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Hayttsville	Prince	
Date of death	Month	Day	Years
1905	Jan	10	Age 16
Sex	Color or Race	Birth-place	Days
Male	Mulatto	Hayttsville Md	28
Occupation	Where Residing if not at place of death		
Laborer	Home		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Nickolas Saunders Plummer Jr		
Mother's Maiden Name	Fanny Harris		
Name of person giving information	Chas Plummer		
Father's Birthplace	Baltimore Co Md		
Mother's Birthplace	Washington DC		
How related to deceased	Brother		

CAUSES OF DEATH

Primary Tuberculosis of Lung How long 3 months

Immediate 2 How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

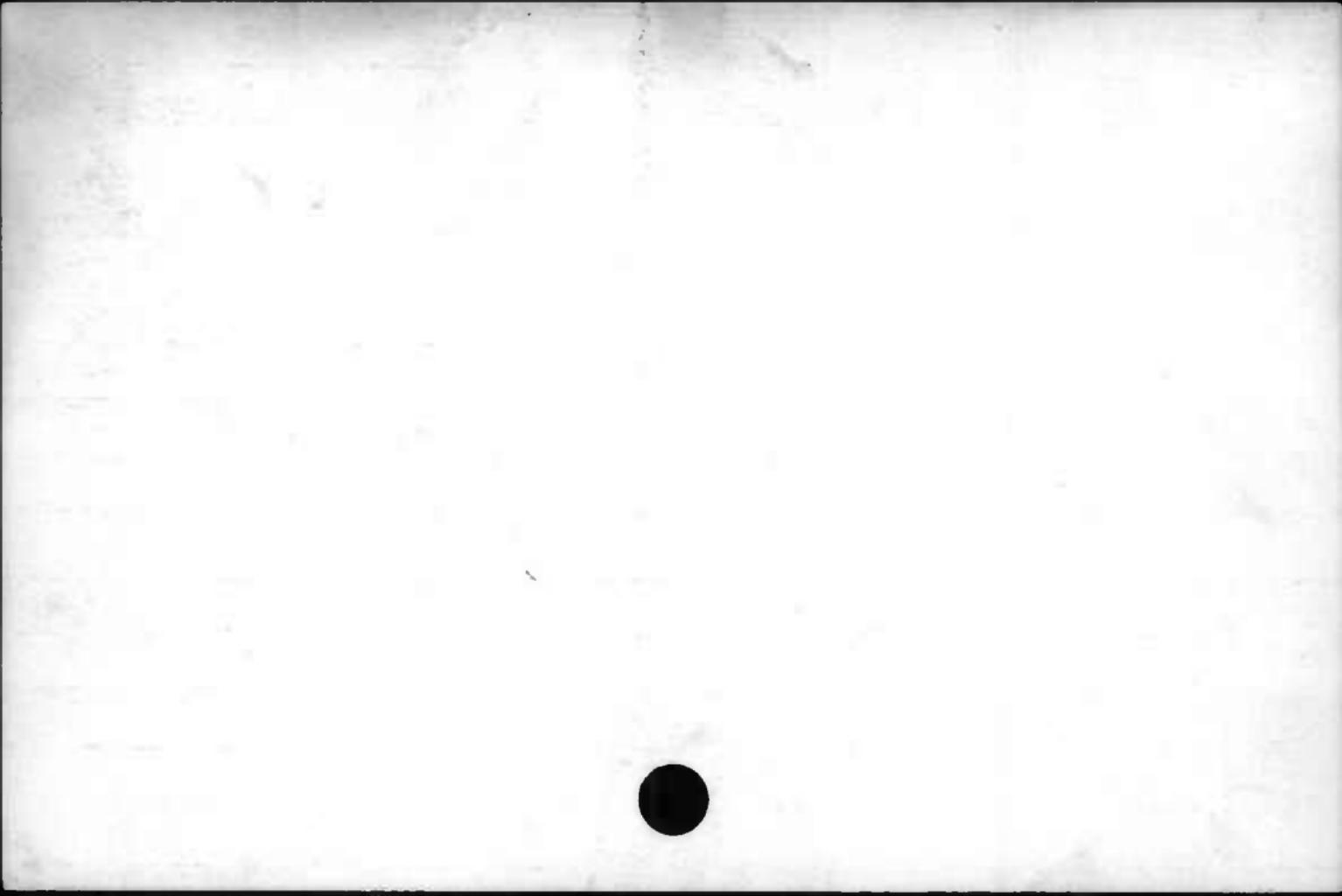
Knigell Palmer MD

Address

Hayttsville
MD

Accident or Suicide?

Neither



Name
in
Full

Elizabeth Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					
Mother's Maiden Name					
Name of person giving information					

1905 1 27 62 10

Female Colored PG. Co. Md.

Married Mily Proctor

John Butler Md.

Sally Collins Md.

Mily Proctor Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

4 mth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

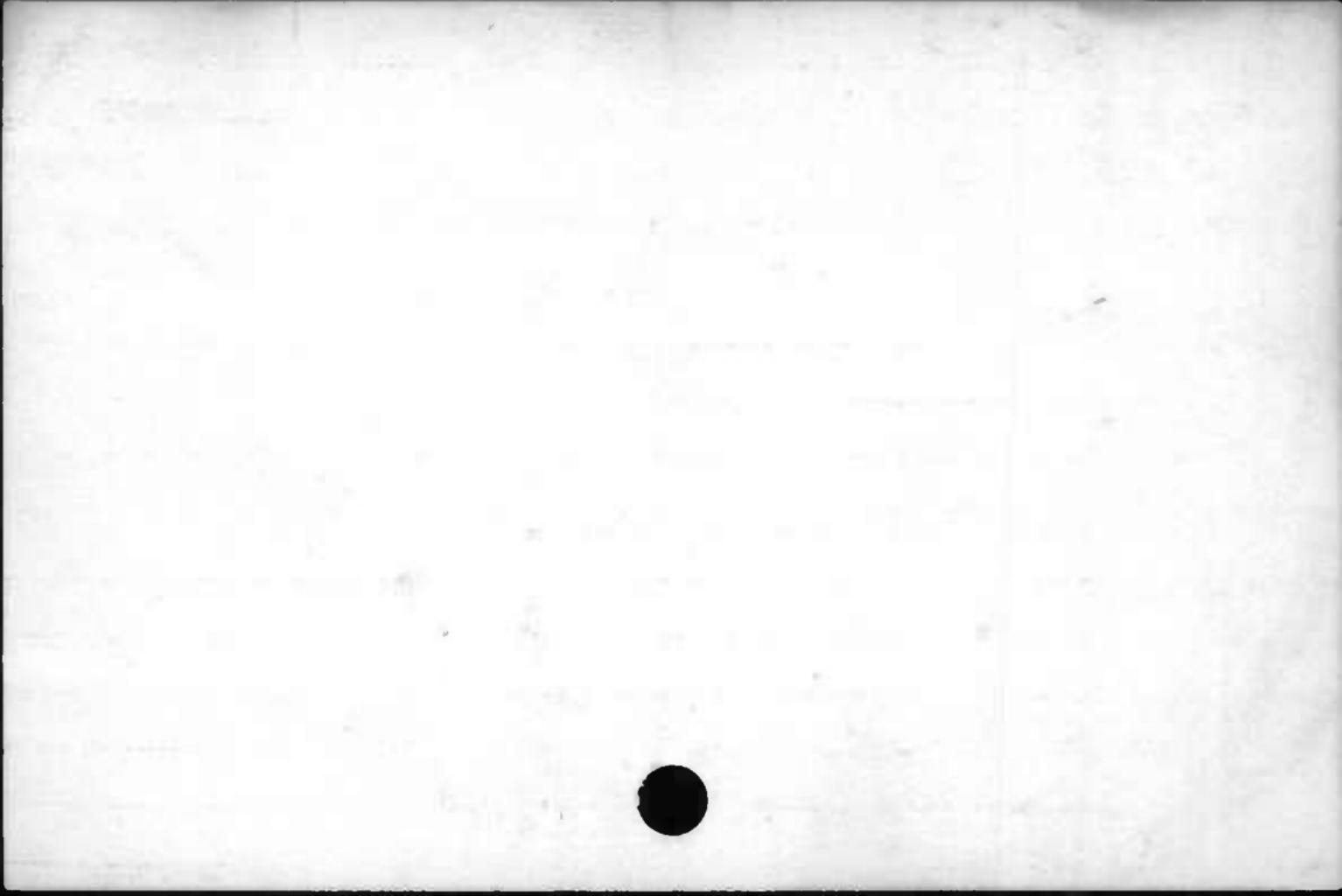
John A. Cor

Address

715.

Accident or Suicide?

md



Name in Full

Certificate of Death

William Droward

Town Hanover County Maryland MARYLAND

Died at

Date 1905Month 1 Day 25Y. 1905 M. 1 D. 25

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Primary

Immediate

How long sick

1 week

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Savoy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
213.	Pr. Bar				
Date of death	Month	Day	Years	Months	Days
1905	1	12	71		
Sex	male	Color or Race	Colored	Birth-place	Md.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Eliza Savoy		
Father's Name	John Thomas Savoy		Father's Birthplace	Md.	
Mother's Maiden Name	Mary Ann. — —		Mother's Birthplace	Md.	
Name of person giving information	Eliza Savoy		How related to deceased	Son	

CAUSES OF DEATH

Primary

Intestinal Nephritis

How long

Several years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

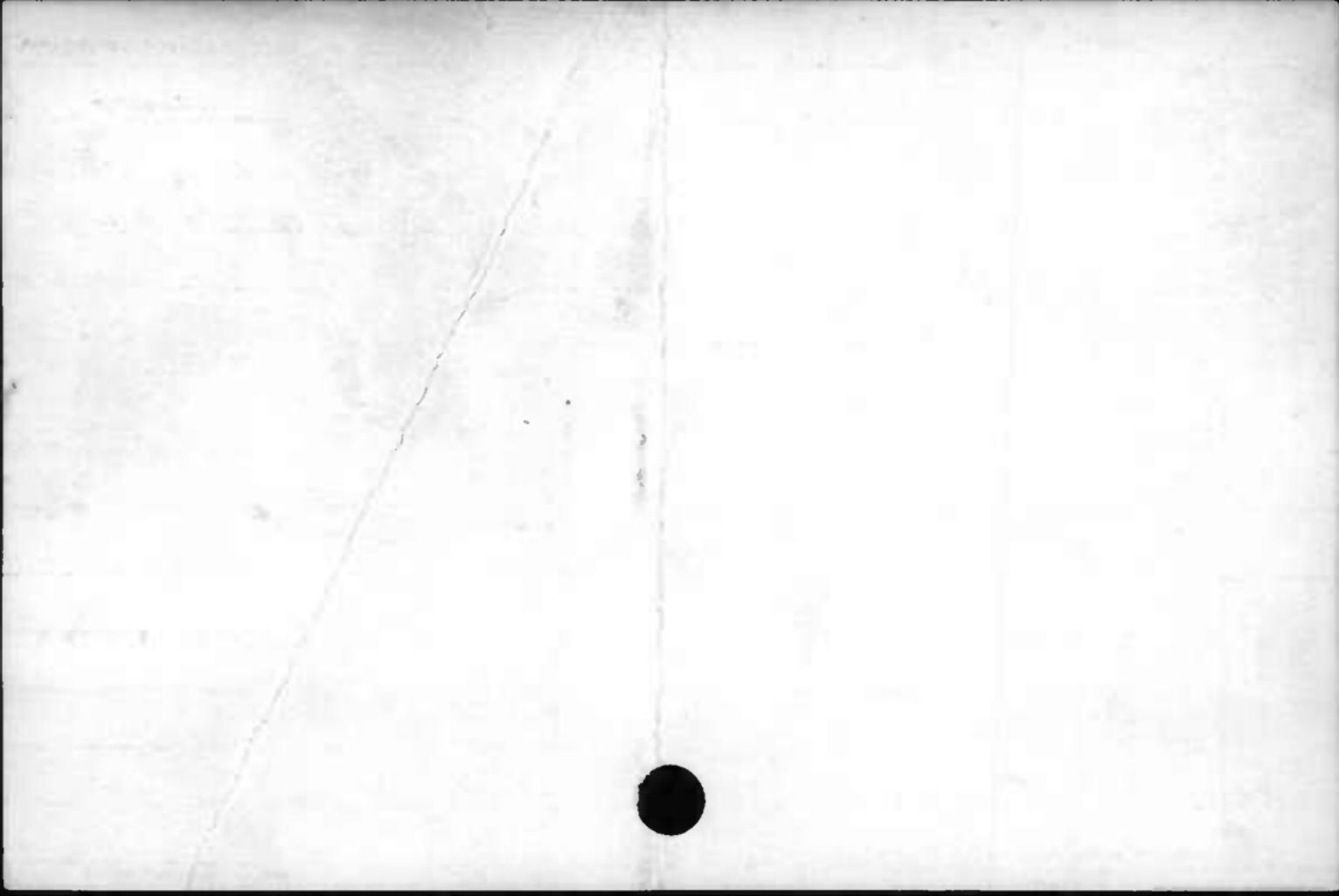
Address

John A. Cox

213.

Md.

Accident or Suicide?



Name
in
Full

William E. Dechrist,

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

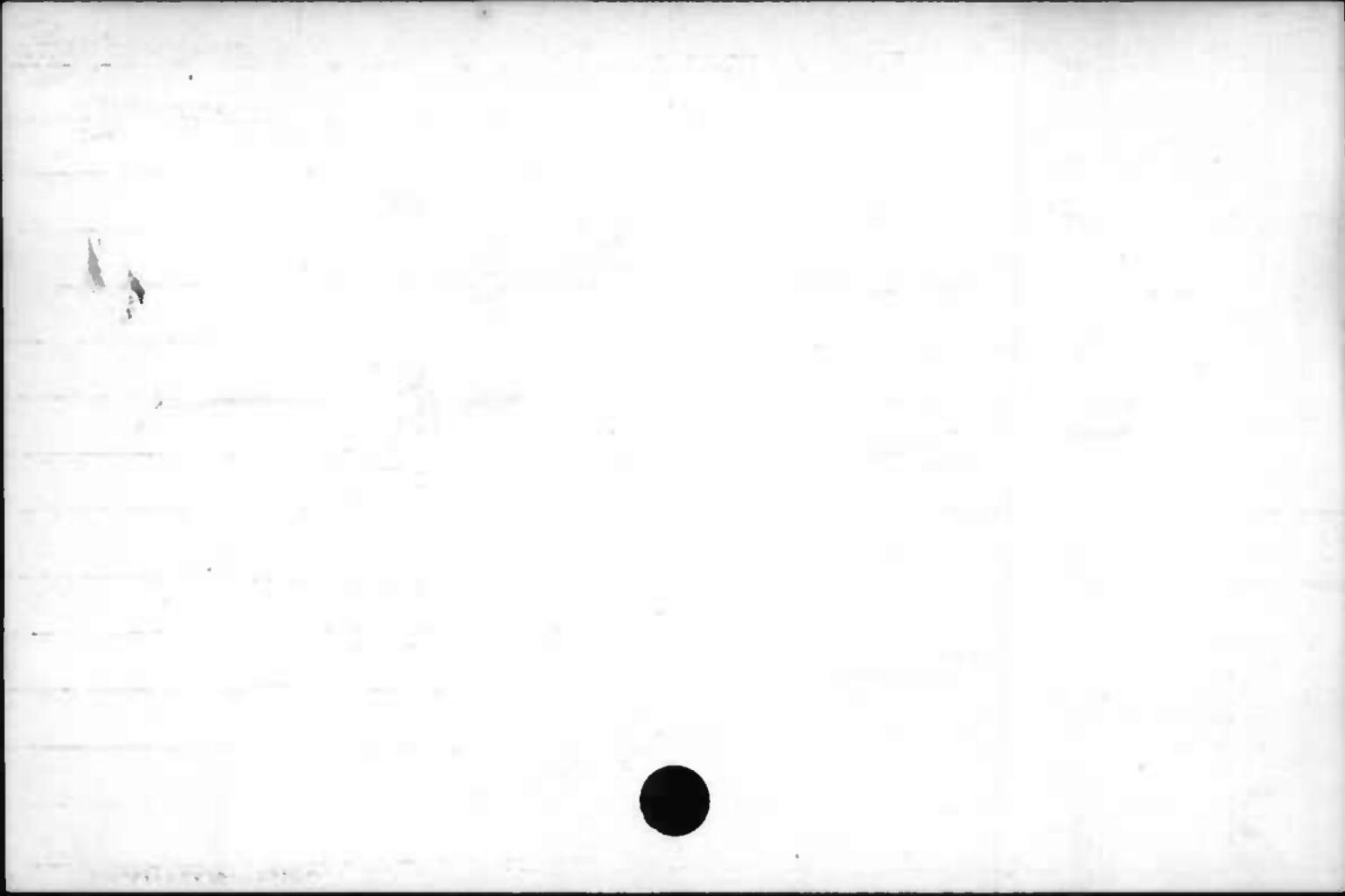
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	— —
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	—
Father's Name	—	—	Father's Birthplace
Mother's Maiden Name	—	—	Mother's Birthplace
Name of person giving information	How related to deceased		

1905 1 28 17 — —
Male White Penn —
Farmer Marchentham,
Single — — —
not known 166 not known
" " — —
Samuel G. Townshend. none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
jumping off freight train, while going fast	How long.
Immediate and falling on rails, striking on his head, immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	William H. Squires J.P. Conner, Braudywine, Prince George Co., Md.
Address	
Accident or Suicide?	accident



Name
in
Full

Annie Louise Slye

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

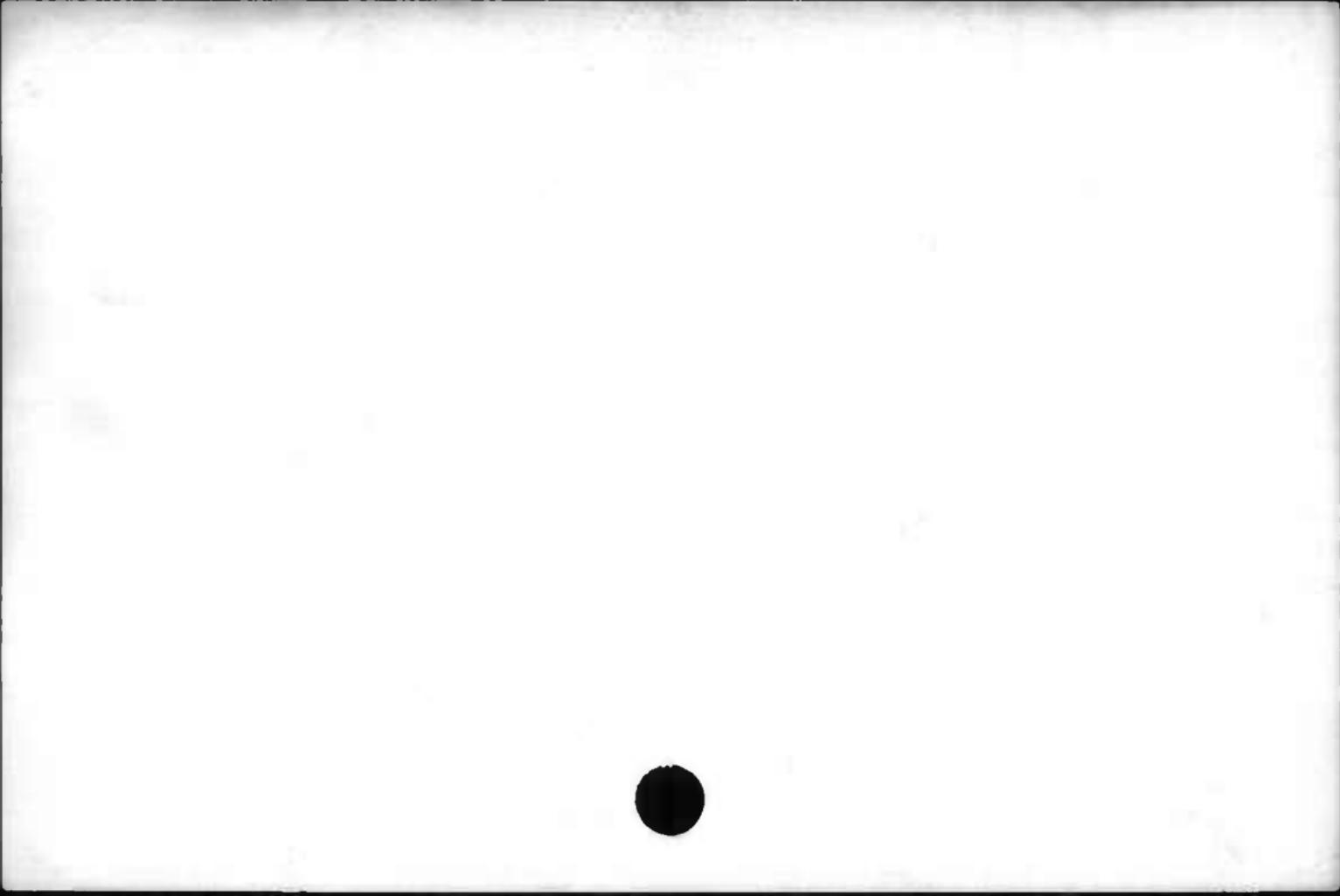
Died at	Town	County	MARYLAND
Baden	Prince George		
Date of death 1905	Month 1	Day 20	Years
			Age 11
Sex Female	Color or Race Colored	Birth-place Washington D.C.	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name Lee Smith		Father's Birthplace	
Mother's Maiden Name Martha Slye		Mother's Birthplace	Maryland
Name of person giving Information	Ronny Slye	How related to deceased	Grand Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cold & Pneumonia.	How long	4 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Slye, undertaker
		Address	Cedarville, Md.
Accident or Suicide?			





Margaret Sooper

Town Oxon Hill County Pic. Sec. MARYLAND

Died at _____ Died at _____

Date of death 1903 - Jan 15 Month Month Day 15 Age 2 Native of md Occupation _____

<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>	<u>Number of children</u>

Husband of _____

Wife _____

Father's Name _____

Jos. O. Sooper.

Mother's Name _____

Margt Sooper

Cause of death

Primary Conq sv. Debility How long sick _____
 Immediate (Twin - 7th mo) Life _____
R. A. Payles ✓
Anaerobic ✓

Accident, Suicide, Homicide

Reported by _____

Address _____

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary M. Soaper

Town
Oxon Hill.

County
Md.

MARYLAND

Died at

Date 189

05 Jan. '17

Month
Day

* M.

D.

Native of

Occupation

Male

White

Age

Married

—

5

md

Female

Caledon

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Jas. Soaper

Mother's Name

Marg'. Soaper

Cause of Death

Primary

Congenital debility

How long sick

Immediate

Twin - 7 $\frac{1}{2}$ mo.

Life

Reported by

R. A. Pybus

Assasson D.C.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

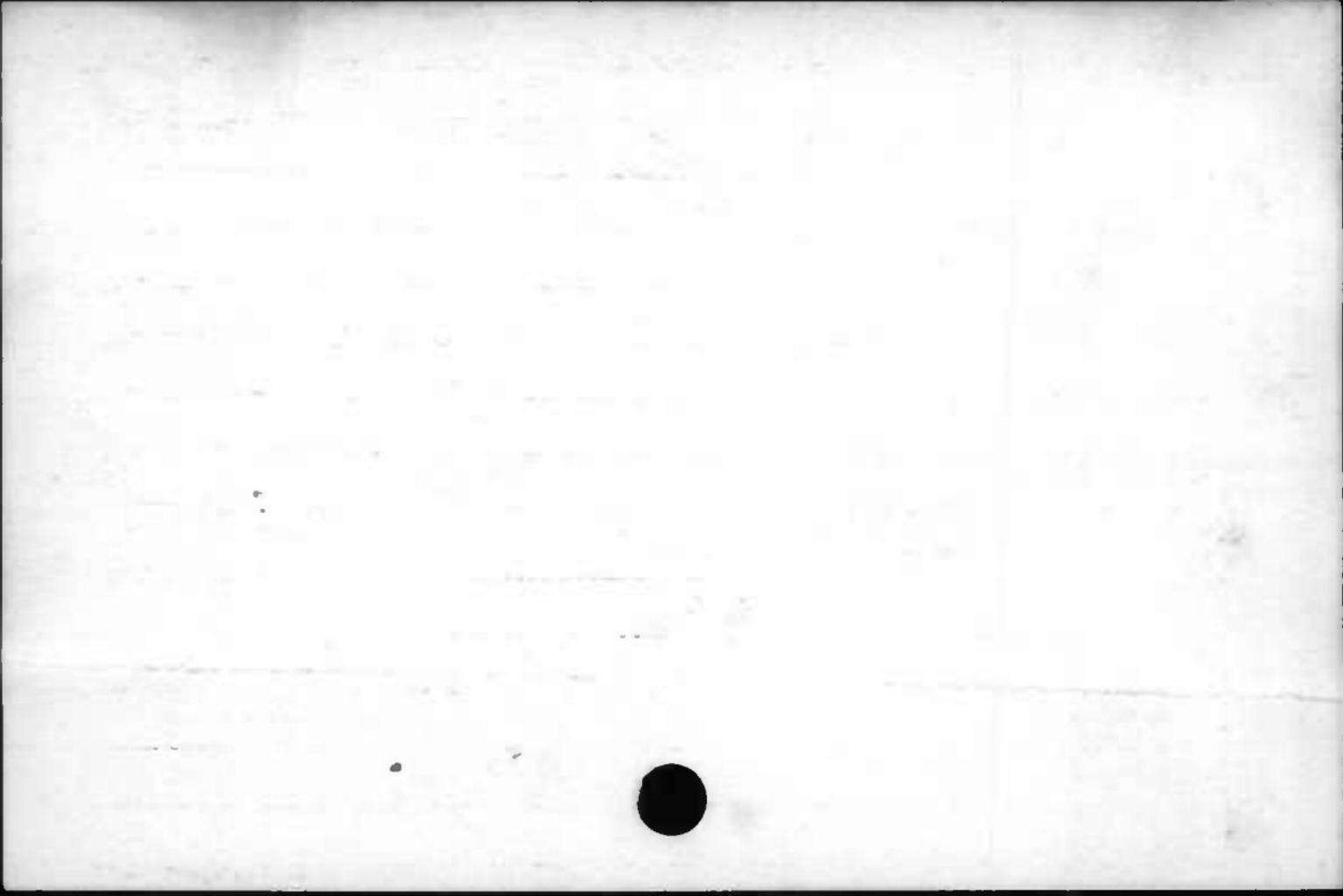
Elizabeth Helen Stamps				CERTIFICATE OF DEATH		
Died at Seat Pleasant		Town	County		MARYLAND	
Date of death	190 X	Month /	Day 9	Age —	Years —	Months 11 Days —
Sex Female	Color or Race White		Birth-place A. A. Co.			
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed	Name of Wife or Husband —					
Father's Name	George Stamps					Father's Birthplace Pr. Gw. Co.
Mother's Maiden Name	Mary Brady					Mother's Birthplace A. A. Co.
Name of person giving information	George Stamps					How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

8

Primary	Whooping Cough		How long 4 weeks
Immediate	Pneumonia		How long 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John E. Lansbury
		Address	Fredericktown
Accident or Suicide?		md.	



Name
in
Full

Alice L. Tyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Tuxedo</u>		Town	County <u>Prince Geo.</u>	MARYLAND	
Date of death <u>1905</u>	Month <u>Jan</u>	Day <u>24</u>	Years <u>2</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Femal</u>	Color or Race <u>colored</u>	Birth-place <u>M d.</u>			
Occupation <u></u>	Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u></u>				
Father's Name <u>John Tyler.</u>	Father's Birthplace				
Mother's Maiden Name <u>Mary Brown</u>	Mother's Birthplace				
Name of person giving Information <u>John Banks</u>	How related to deceased <u>Auncle</u>				

CAUSES OF DEATH

Primary

Whooping cough ✓

How long

1 month

Immediate

Bronchitis ✓

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

V. D. Parry
Hyattsville

Address

Accident or Suicide?

P A S
C L Z

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Walsh						CERTIFICATE OF DEATH	
Died at Hyattsville		Town		County Prince Georges		MARYLAND	
Date of death 1905	Month January	Day 23	Years	Age about 63	Months August	Days	
Sex Male	Color or Race	White	Birth-place	Ireland			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed Widower	Name of Wife or Husband John Walsh						
Father's Name		Father's Birthplace Ireland					
Mother's Maiden Name		Mother's Birthplace Ireland					
Name of person giving information	Matthew Walsh	How related to deceased Son					

CAUSES OF DEATH

Primary	Lack of grippe	How long	4 days
Immediate	Prostration	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	O'Farrell
			Address
			Hyattsville
Accident or Suicide?			

Washburn Co.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jannie Watson

Town County

CERTIFICATE OF DEATH

MARYLAND

Died at	Nativity home	On	County		
Date of death	1905	Month Jan	Day 20	Years 55	Months
Sex	Female	Color or Race	White	Birth-place	Washington DC.
Occupation	Housewife			Where Residing If not et place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Levella Jean Watson		
Father's Name	David H. Walker			Father's Birthplace	Virginia
Mother's Maiden Name	Mary V. Isleton			Mother's Birthplace	Virginia
Name of person giving information	M.R. Rawlings			How related to deceased	Son-in-law

CAUSES OF DEATH

Primary Bright's Disease 20 Years
Immediate Convulsion 15 months

Are the name, age, sex, color, date and place correctly given above?

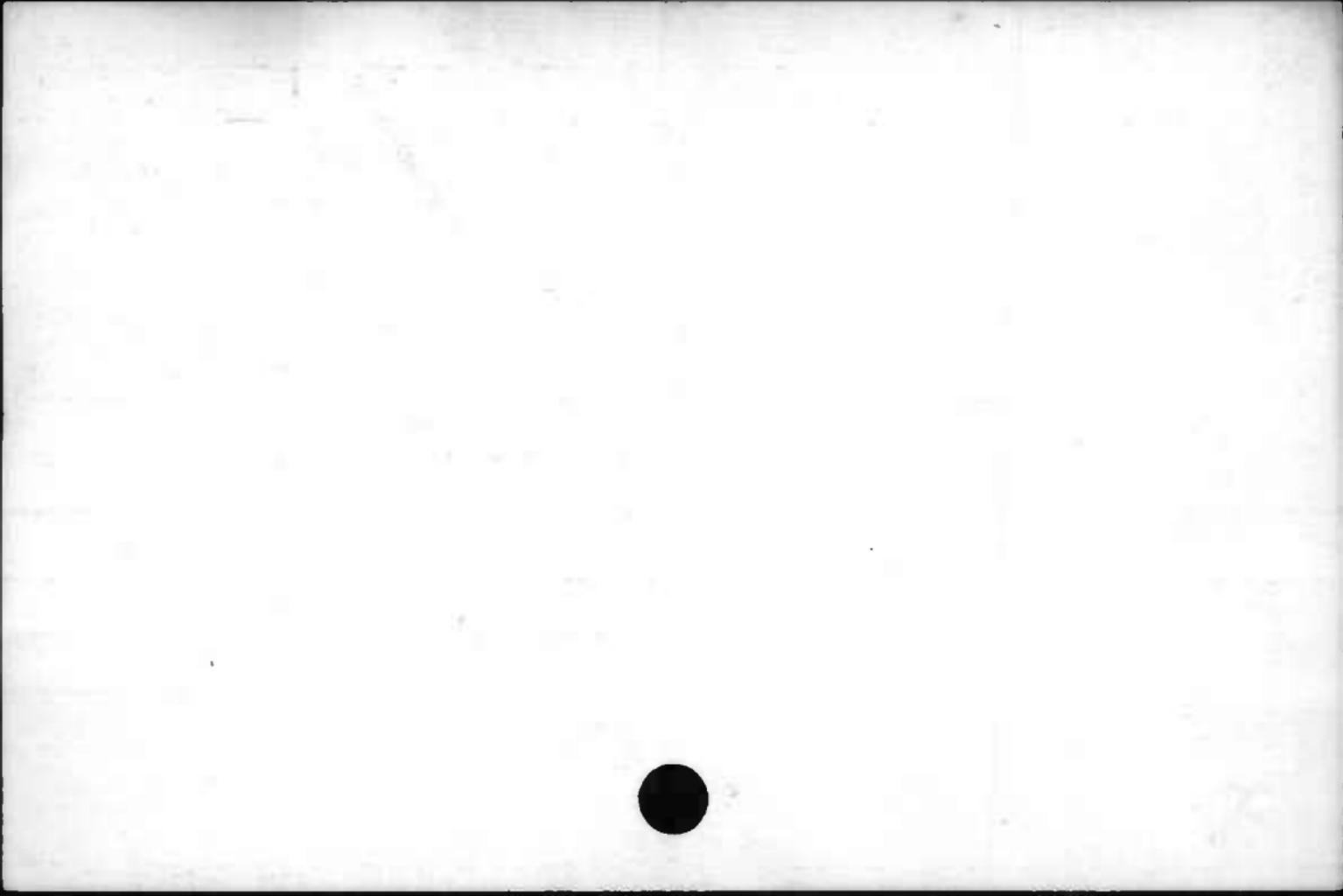
yes

Signature of Physician

Address

W.H. Gibbons
Crown and

Accident or Suicide?



Name
in
Full

Thomas G. White

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at Ellicott City	P.G.			
Date of death 1905 Jan	Month Day	Years	Months	Days
Age 70				
Sex Male	Color or Race White	Birth-place	Death	
Occupation Farmer	Where Residing if not at place of death			
Married, Single and Widowed	Name of Wife or Husband	Father's Birthplace		
Father's Name				
Mother's Maiden Name	A3	Mother's Birthplace		
Name of person giving information	J. L. Wheeley	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular insufficiency

How long

Four

Immediate

Devermousis - exhaustion

How long

11 days

Are the name, age, sex, color, date and place correctly given above?

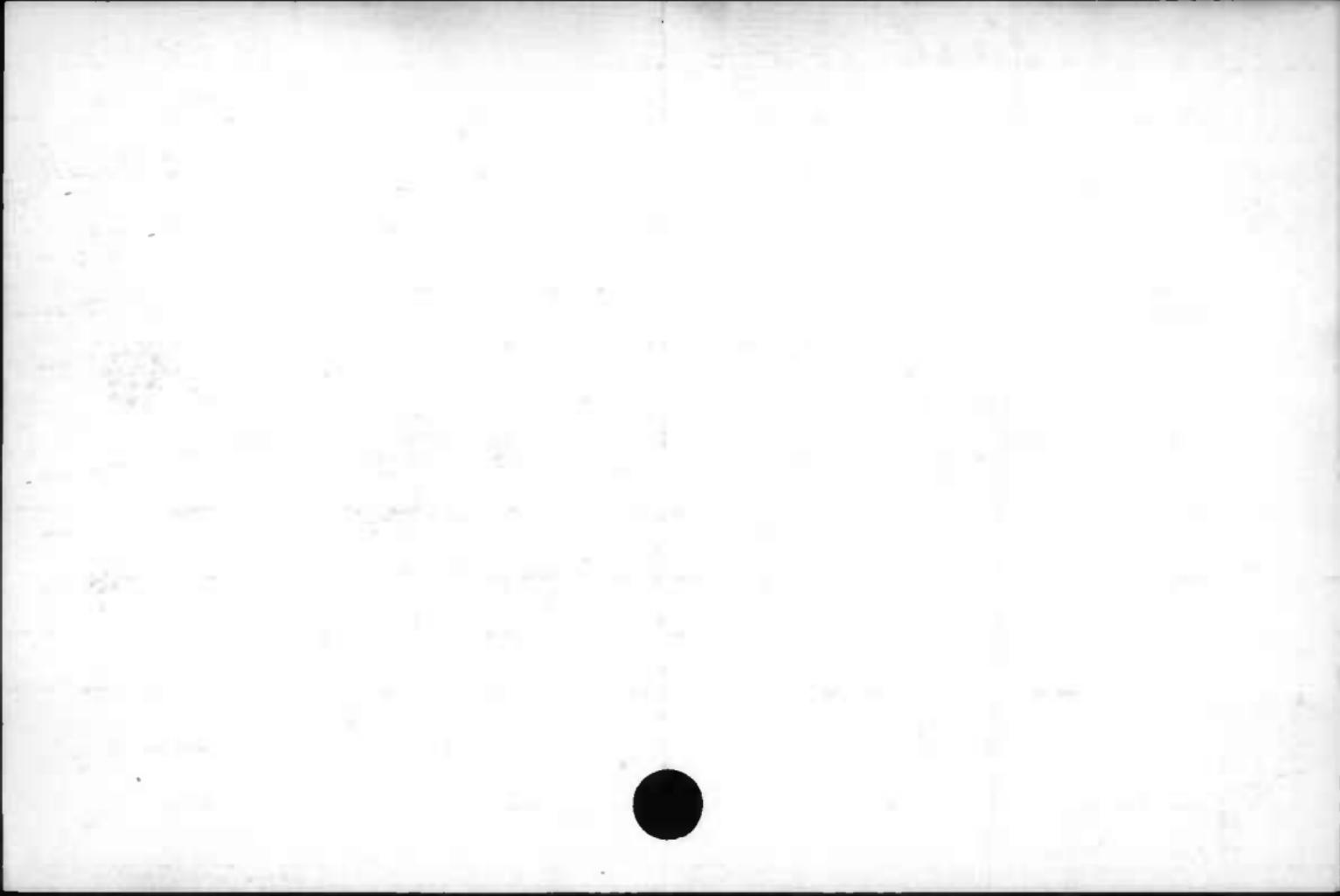
Yes

Signature of Physician

Address

J. L. Wheeley
Ellicott

Accident or Suicide?



Name
in
Full

Pearl Wilson

CERTIFICATE OF DEATH

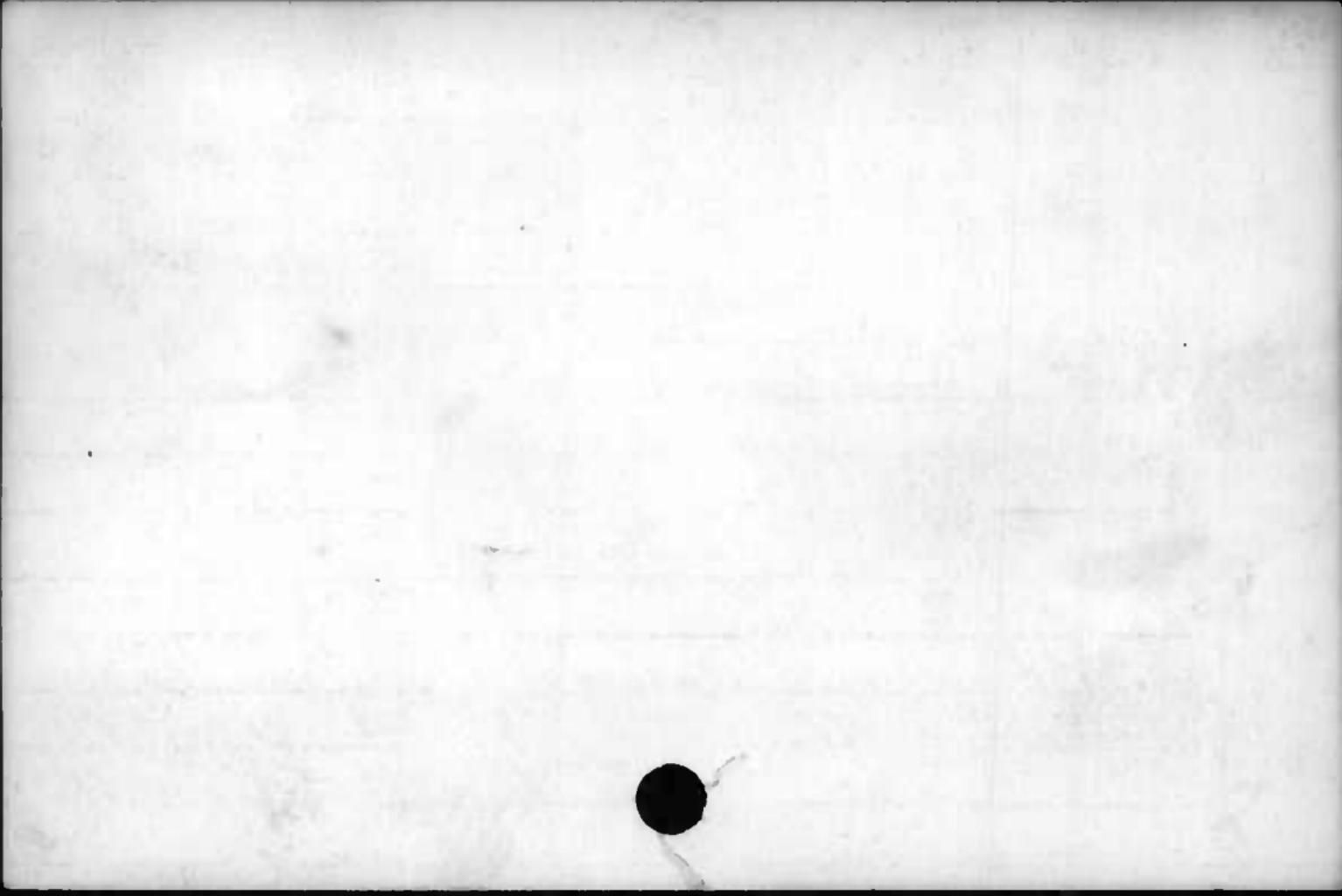
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Brentwood	Town	Prince Georges	County	MARYLAND		
Date of death	1905	Month Jan	29	Day	Years	Months	
Sex	Female	Color or Race	colored	Age	"	Days	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name						Father's Birthplace	
Mother's Maiden Name	alice Wilson					Mother's Birthplace	m.d.
Name of person giving Information	alice Wilson					How related to deceased	mother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	4 weeks
Immediate	Pneumonia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	V.L. Perry
		Address	Hyattsville
Accident or Suicide?			



Name
in
Full

Frank Woodland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death			F Woodland		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	F Woodland			Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	8			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

Immediate ~~9~~ Hooping Cough How long

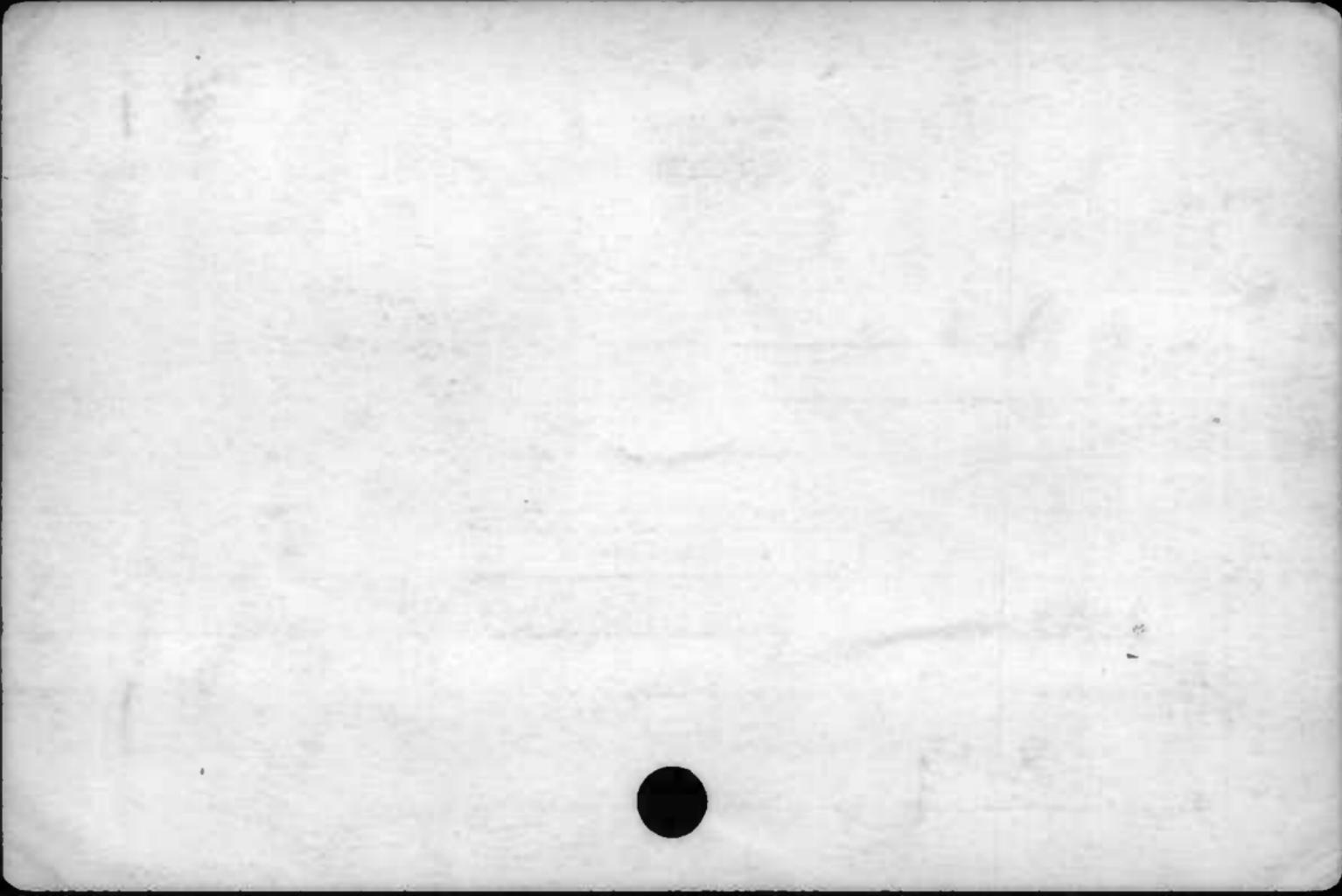
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Frank L. Perry MD
Hagerstown and

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harrison Woodward

CERTIFICATE OF DEATH

Died at Largo

Town

County

MARYLAND

Date of death 1905 Month Jan Day 20 Years 75 Months — Days —

Sex Female

Color or Race

White

Birthplace

Baltimore City

Occupation

Companion

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or Husband

Father's Name

(99)

Father's Birthplace

Mother's Maiden Name

Greens

Mother's Birthplace

Name of person giving information

Nicella L. Harding

How related to deceased

None

CAUSES OF DEATH

Primary

Valvular disease heart

How long

3 yrs —

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

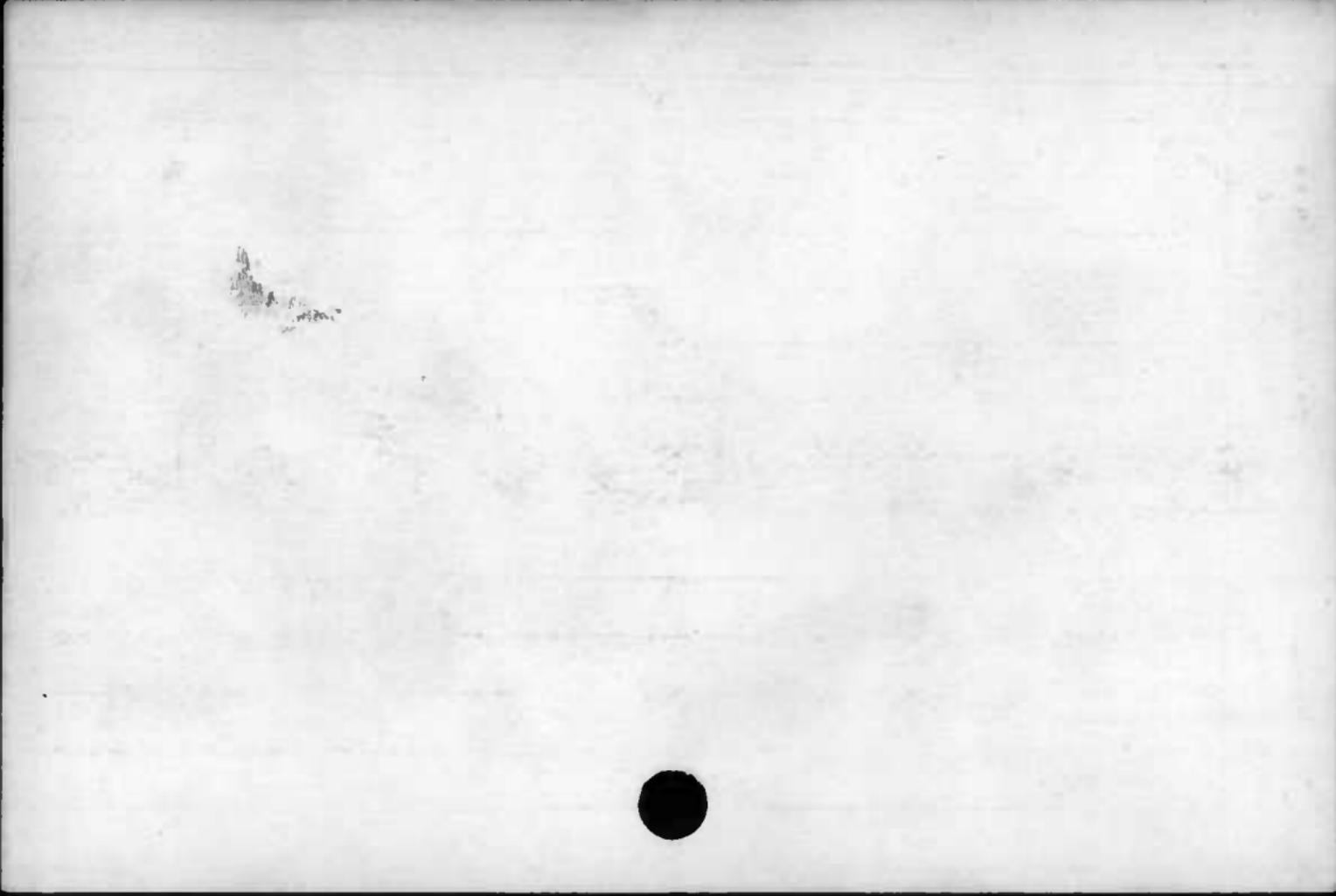
S. Griffeth

Address

Upper Marlboro,

Accident or Suicide?

✓



Name
in
Full

John Nelson Young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Towsonville</u>		Town	County <u>Dr. E. W. Lee</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>1</u>	Day <u>3</u>	Years <u>68</u>	Age <u>68</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Hanover</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Abey. S. Young</u>	Father's Birthplace <u>Hanover</u>				
Father's Name <u>Elcott Young</u>	Mother's Birthplace <u>Hanover</u>					
Mother's Maiden Name <u>Irene Aldrich</u>	How related to deceased <u>Wife</u>					
Name of person giving information <u>Abey Young</u>						
CAUSES OF DEATH						
Primary	<u>Tuberculosis</u>		How long <u>6 yrs.</u>			
Immediate	<u>Exhaustion</u>		How long <u>2 weeks.</u>			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Address		
<u>yes.</u>			<u>John E. Salisbury</u>	<u>Towsonville</u>		
			<u>Md.</u>			

PHYSICIAN
OR CORONER

8

Accident or Suicide?

